DEVELOPMENT OF FAMILY SUPPORT INTERVENTION PACKAGE TO ENHANCE LIFE SATISFACTION AMONG ELDERLY- AN INTERVENTIONAL APPROACH

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CERTIFICATE

This is to certify that the project **"DEVELOPMENT OF FAMILY SUPPORT INTERVENTION PACKAGE TO ENHANCE LIFE SATISFACTION AMONG ELDERLY – AN INTERVENTIONAL APPROACH"** has been submitted to UGC under Dr. S. Radhakrishnan Post Doctoral Fellowship in Humanities and Social Sciences (Home Science, Human Development and Family Studies) by **Dr. Shabnam Ansari,** under my supervision and no part of this work has been submitted for any other degree or diploma.

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(Dr. Tejpreet Kaur Kang)

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Chapter-I

INTRODUCTION

"Age is an issue of mind over matter,
If you don't mind it doesn't matter"
– Satchel Paige

"…and in the end, it's not the years in your life that count.
It's the life in your Years…"
-Abraham Lincoln

1.1 Concept of Ageing

Ageing is a natural and universal phenomenon. It has its own dynamics and effects which are beyond human control. Every person in this world undergoes the process of ageing. Old age is the last stage of human life span. In this stage, a constellation of social, biological and psychological changes (Emotional+cognitive+physical changes) occurs in a person's life (Richard, 1962). In human society, ageing is always understood in the context of a society. Therefore, it is considered more as a social phenomenon rather than physiological phenomenon. Socially, aging is considered as the aggregate of lived experiences of an individual. It is considered as a social reality and is one of many other socially constructed institutions. Every organism that is born must age with time and decay. So ageing is a natural and universal process and no society or individual can escape from it (Neuhaus and Neuhaus, 1982). It is a continuous process that begins with the conception and ends with the death. Elderly or old age consists of ages nearing or surpassing the average life span of human beings. **In the 4th century BC, Plato** gave his views on old age. He divided the life span a person into six phases. According to him, the last two constituents of life span of person are "Old Age" (the age between 62-79 years) and "Advanced Age" (the age of 80 years or above it). However, he noted, that the last phase is fortunately attained by few persons.

There are positive as well as negative aspects of ageing. Positive aspects include knowledge, experience, wisdom, time to rejuvenate, enjoy leisure time with the activities of one's interest, contentment of accepting the challenges of life and reaching to the last phase, having opportunity to look after grandchildren while negative aspects include poor physical and mental health, physical as well as financial dependency, ageism, role loss, restricted social life due to poor health, loneliness/isolation, negligence, lack of care, loss of loved ones, retirement etc. Scientifically aging is the deterioration of an organism resulting from the essentially irreversible changes intrinsic to all members of a species such that with the passage of time they become unable to cope with stresses of the environment thereby increasing the probability of death. Thus aging refers to the process of growing old or changes

that occur with the passage of time. It involves multidimensional changes including those in the biological, psychological and social spheres of the person's experience. This biological change affects the individual's life style and may result in psycho–emotional problems (Ramamurati and Jamuna, 1999). The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above (Ministry of Statistics & Programme Implementation Government of India). The aged are also known as "elderly", old people or senior citizens and are generally taken to be people above the age of 60. This age group is also known as "geriatric age group". Due to dependence for personal requirements old age is sometimes called the "second childhood" (Pankjam, 2005). In our Indian society old age is often regarded as a time when the vessel of life has become empty and a time when human development potentiality has come to an irreversible and inevitable halt. Old age is the greatest challenge that an individual is facing in the rapidly changing scenario. Ageing is not just an individual phenomenon. Societies have been dealing with ageing process. Its impact on various aspects of societies is well known. Ageing remains a cause of concern for families/community, economic structure of family/nation, healthcare professionals, welfare agencies, religious institutions, scientific community and entire nation. Old age can be understood from different viewpoints and perspectives. The three common ways of understanding old age are physiological/ biological, psychological and socio–cultural. Physiologically a person is old when signs of wearing out of body appear like wrinkling of skin, graying of hair etc. Psychologically it is understood that every person's life activities and manifestations have psychological base and changes in various mental abilities such as memory, changing emotional reactions and attitudes are taken as a base for increase in age. Ageing is a normal biological and universal phenomenon. Ageing of the population is occurring throughout Changes in population structure will have several implications on health, economy, security, family life, well being and quality of life (Kumar, 2003).

1.2 Dimensions of Ageing:

Ageing can be described as Biological, Psychological, Social and Cultural ageing

Biological (Physical) Ageing- It refers to the physical and anatomical changes which occur with the passage of time. There is a deterioration and degradation in physical capacity which is also visible through bodily changes like hair loss, loss of teeth, wrinkles on face, frail and weak body etc.

Psychological Ageing- It is the decline in mental ability and cognitive ability. It refers to the state of mind and how a person perceives himself (self-rated mental ability). The reasoning,

learning capacity, recalling and remembering capacity declines with age but it can be improved with positive attitude, interest in life and motivation. Learning, thinking more competently, coping, controlling emotions can keep a person 'psychologically young' despite the increasing chronological age (Pappathi, 2007).

Social Ageing- It explains the decline in roles and duties, decline in social networking, decline in social status, attitude and behaviour, adaptation, behaviour pattern, beliefs etc.

Cultural Ageing- It gives importance to the role an individual performs in his life span. 'Vanprastha Ashram' is considered to be the stage of old age in Hindu mythology where the elderly should move to hermitage after retiring from active life and after fulfilling the roles and responsibilities towards the family (Pappathi, 2007).

1.3 Trends of aged population in India

The 21st century is a period of aging. The world is going through demographic transitions. During the last few decades there has been a tremendous increase in the population of elderly persons in the world in proportion to total population and India is no exception. The reason for this are multifactorial – socio- economic progress, healthier life style, better environment conditions, increasing availability of high quality medical care and immunization programmes have drastically reduced mortality rate in all countries and increased the life expectancy (Narseen, 2003).

In the last 50 years global life expectancy has increased by 20 years reaching to its present level of 60 years. India has currently become a grey country with second highest population of the aged in the world after China. The population of aged in India as per 2001 census was 76 million, at present India has 81 million people above 60 years of age and this number is going to rise to 177 million by 2025 (Pankjam, 2005). Similar to this census 2011 depicts that India comprises of about 100 million elderly people (above 60 years of age) which accounts up to 7.5 per cent of the country's population. According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males (Ministry of Statistics & Programme Implementation Government of India). According to Census 2011, state-wise data on elderly population divulge that Kerala has maximum proportion of elderly people in its population (12.6 per cent) followed by Goa (11.2 per cent) and Tamil Nadu (10.4 per cent) as per Population Census 2011. This may be due to the lifestyle and better medical facilities in respective states. The least proportion is in Dadra & Nagar Haveli (4.0 per cent) followed by Arunachal Pradesh (4.6 per cent) and Daman & Diu and Meghalaya (both 4.7 per cent). The Old age dependency ratio shows an increasing trend and the ratio has risen from 10.9% in 1961 to 14.2% in 2011. The gap between female and male old-age dependency ratio also has an

increasing trend and the two assumed the values 14.9 and 13.6 respectively in 2011. Further there is considerable difference in rural and urban ratios of old age population residence data and this may be due to relatively higher concentration of working age population in urban areas. According to 2011 census the old-age dependency ratios are 15.1 and 12.4 for rural and urban areas respectively. According to the United Nation, percentages of elderly age 60 and above in Asia are expected to increase from 11.6% of the population in 2015 toward 24.6% by 2050 (United Nations, 2015). By 2026, North India population would be younger compared to the South. In India another paradoxical problem will arise in due course of time – by the year 2026 Kerala will have highest educated working people with average age hovering above (median age) 35 years whereas Uttar Pradesh will have uneducated and less educated working population with average age below 30 years. Although projections indicate that India's population above 60 years will be double in size between 2001 and 2026, the elders will account for 12.17 percent of overall population in 2026, and being a vast country India may face the problems differently at rural and urban part. According to 2011 Census, 71 percent of the elderly live in rural India. In all the states, except the two smaller states, Goa and Mizoram, a higher proportion of the elderly lives in rural areas than in urban areas. In India an overwhelming majority of elderly live in rural areas, and nearly three out of five single older women are very poor and about two thirds of them completely economically dependent (United Nations Population Fund 2011). In India, the number of elderly was 77 million in 2001 and is expected to cross100 million in 2014 and 177 million by the year 2025.

Population Census 2011 reported that there are nearly 104 million elderly persons in India, wherein 53 million were females and 51 million were males. Both the share and size of elderly population is increased over the period of time i.e. from 5.6% in 1961 the proportion has increased to 8.6% in 2011. For males it was marginally lower at 8.2%, while for females it was 9.0%. As regards to rural and urban areas, 71% of elderly population resides in rural area and the remaining 29% resides at urban area. The senior citizens population is growing at a faster rate in the less developed regions. In contrast with the slow process of population ageing experienced in the past by most countries in the more developed regions, the ageing process in most of the less developed regions is taking place in a much shorter period, and it is occurring on relatively larger population bases (Situational Analysis of the Elderly in India, 2011). According to 2011 census the size of elderly population (aged 60 and above) was 7.1 million in Uttar Pradesh and expected to reach 12.17 percent of the overall population by 2026.

1.4 Problems of elderly

The problems faced by aged persons are multiple and multidimensional such as medical, socio-economical, emotional, psychological, rehabilitative and social security

problems. They become economically dependent on family for their basic needs and health care. The problems faced by the aged in any society largely depend on the socio-economic conditions and environment in which they live. In ancient India old people were considered as guiding stars in Indian families since they were symbols of tradition, respect, wisdom and experience. They transmitted the values of tolerance, co-operation and concern for others as they had witnessed in their elders. Today the scenario has changed in terms of interrelationships and the family dynamics existing within the family which are the product of industrialization and urbanization. Industrialization, migration, urbanization and westernization have severely affected our value system (Anand, 2004). In Indian rural family both aged and their experiences are respected. In rural areas there are chaupals where the aged gather in their free time and have social interaction. They have wide friends circle so whenever they feel emotionally and psychologically depressed they have forums to share their feelings with their friends. This condition is almost missing in urban areas where community support is weak and kin network is diffused over large area making it rather ineffective. The entire responsibility of care of the aged falls on the male children with whom they live. In such situations, older people feel isolated neglected and insecure even when residing with their own family especially in urban areas. Demographic transition has been accompanied by changes in society and economy. The problems of senior citizens in urban areas tend to be multiple rather than single. Indian society is passing through a transitional period. Older persons have no idea how to live in old age without any family support. Younger generations find it very hard to adjust with their aging elders in their times of demanding lifestyle. At this stage there is a greater need of awareness at various levels. Older persons need awareness about preparation for old age while younger generations need to understand old age related needs and problems. The problem of every elderly is different from other. The problem of poor elderly is different from well off elderly. The former mainly suffers from economic problems while later suffers more from psychosocial problems. The elderly are vulnerable or suffer multiple kinds of physical, emotional, mental and social problems. The commonest old age problems are physical dependence, loneliness, hopelessness, insecurity, diminished self concept, depression and other diseases like arthritis, diminished vision and cancer etc (Basavanthappa, 1998). In addition to these common conditions, elderly also have to deal with various physiological, environmental, psychological problems and social stigmas. Thus the comprehensive assessment of older person's health status is essential to consider the overall situation of the elderly and their quality of life (Thakur et. al, 2013). The socio-cultural fabric is different in the rural and urban locales hence the problems of aged are different in rural and urban areas. By and large in rural areas elderly have enormous authority and power over family members through the control of family's productive resources such as

family enterprise or land. Extended family system, still largely prevalent in rural region has several inbuilt systems, which act as buffer against problematic situations and cushion the effects of anxiety provoking events. In Indian rural family both aged and their experiences are respected. In rural areas, there are chaupals where the aged gather in free time and have social interactions. They have wide friend's circle so whenever they feel emotionally and psychologically depressed they have forums to share their feelings with their friends.

The problems of senior citizens in urban areas tend to be multiple rather than single. Broadly speaking the problems of senior citizens are mainly related to health, finance and socio – psychological aspects. All these problems are in fact interdependent. Health problems over a period of time may not only cause a drain on the finances but also may have repercussion on psychological aspect and social relationships (Sati, 1999). These problems of aging population are becoming serious not only in developing countries but also in developed countries. In India this situation is far more complex and is going to be a major issue to content with. The rapid growth of the population of the senior citizens is a challenge to the medical profession, administration and society. The problem of old age is attracting the attention of many social scientists, govt. and voluntary organizations. The main problem with the senior citizen in India is poverty. For the majority who works in the subsistence economy, the livelihood of the elderly depends on the vagaries of the weather, and receives no pensions when they retire. This has significance for their quality of life in that they have difficulties in meeting their basic needs (food, shelter, health and transportation). Because of the elderly persons have little or no money; they suffer from malnutrition, leading to depression and mantle confusion. In addition to problems of illiteracy, unemployment, widowhood and disabilities, older women in India also face life-long gender based discrimination, resulting in differential patterns of ageing of men and women (Prasad, 2017). According to Lakshmanasamy (2012) the absence of sufficient and reliable income will makes the elderly dependent. The most vulnerable elders are those who do not have any productive assets, have no savings and investments in their name, no pension or retirement benefits and do not have family to care for them.

In ageing, along with the functional decline, economic dependence and social cut off, autonomy of young generation compromises quality of life. The dilemma of dichotomy of longetivity on one hand and enormously compromised QOL is indeed perplexing. Reluctance in caring of elderly and concept of QOL is not yet popular in India. The overall QOL index of elderly is positively influenced by higher educational status, improvement in involvement on decision making, satisfaction with general health, level of stress (hardly ever) and marital status (currently married). However the advanced age of elderly, acute and chronic morbidity, living alone, no or less income and experience of abuse are negatively influences the QOL

index of elderly (UNFPA – Population and Family Study Center, 1999). The number of people aged 60 years and older is growing rapidly and it is a factual thing that they are not being cared according to their needs and problems. Advancing age seems to bring meaningless misery mainly because the elderly have been neglected and been passed by modern society (Chaudhry, 2001). India, one of the oldest societies in the world is undergoing extraordinary changes in terms of modernization, urbanization and globalization in a very brief time span, accompanied by explosive growth in the aging populations. This increasing number and proportion of elderly have a direct impact on the demand for health services, pension and social security payments (Hyde *et al*, 2010). The problems of aged get more complicated when their own children don‟t take care of them. Many adult children may also find this role change difficult. The power and responsibility that come with this change are uncomfortable and perhaps even embarrassing to the adult children. In general, adults deal with the dependency needs of their children, but as parents grow old, their children become frustrated when they find their old parents also express dependency needs (Ramamurti and Jamuna, 1991).

1.5 Ageing and Life satisfaction

One of the significant aspects of the lives of older people is their feeling of life-satisfaction. The feeling of satisfaction with their lives offers a sense of contentment and fulfillment of a large portion of their felt needs. When the life satisfaction is addressed, generally a satisfaction related to whole life experience is understood, rather than the satisfaction pertaining to a certain condition. In ageing process, elderly generally faces fear physiological and psychological problem/issues try to cope up and manage their stress via different Coping mechanisms. This helps to ventilate emotions. Aging an irreversible degenerative process, aging is associated with changes in variety of external and internal factors including health, socio-economic status after retirement, caring, and existence of social support groups. Research shows that successful aging heavily depends on the so-called ‘subjective well-being’ and life satisfaction. Life satisfaction is an individualized, subjective assessment of a person’s QOL according to his or her chosen criteria (Baltes, 2000). Diener (1985) defined life satisfaction as a cognitive judgmental global evaluation of one‘s life. It may be influenced by affect but is not itself a direct measure of emotion. In gerontology, life satisfaction is a concept frequently used to assess subjective well-being. As a subjective expression of quality of life (QOL), Life Satisfaction (LS) is a forecaster of longevity and morbidity, disease and injury. Quality of life (QOL) is a multidimensional concept including physical, psychological, social, and economic components. Research has found that the effect of physical disability or chronic illness cannot be appreciated without taking into consideration both the specific areas of functioning affected by the person’s condition and

those aspects of QOL (social, psychological and functional) that are of particular importance to the individual (Lueckenotte,2000). As per the WHO (2013), four factors which directly influences the level of Life satisfaction among the elderly are: physical health condition, mental health condition, social relationship and environment. For improving LS among the elderly, it is necessary to consider factors like satisfaction in residential environment, neighbourhood relationship, economic status, maintaining friendship, family relationship, physical health condition, satisfaction in marital status, job or career, and lastly, satisfaction in others aspect of life. Life-Satisfaction continues to be an important construct in the psycho-social study of aging. It is one of the commonly accepted subjective conditions of Quality of Life and seems to be one of the facets of successful aging, both of which are key concepts in aging. Research reports that Life-Satisfaction is strongly related to socio demographic and psycho-social variables (Iyer, 2003). Life satisfaction has been conceptualized as a cognitive constituent of subjective well-being. High satisfaction suggests that the quality of life, in the population concerned, is good. Low satisfaction on the other hand marks serious shortcomings of some kind. This is consistent with Bradley & Corwyn (2004) who say that life satisfaction reflects both the extent to which basic needs are met and the extent to which a variety of other goals are viewed as attainable. From this perspective it reasonable seems that by realization of more goals, satisfaction with life will also increase.

In Indian context, Maheswaran and Ranjit (2013) focused on LS and influence of demographic factors on LS of the elderly people and results indicated that majority of the respondents had low level of LS. Moreover, the demographic factors namely gender and habit of savings directly influences the level of LS of the elderly respondents. The variables viz. health problems, ownership of house/land, religion, monthly income and number of children negligibly influence the level of LS. Elderly population is more sensitive to their life satisfaction and health conditions, which is further influenced by their socio-economic situations/status, and limited work performance. For improving LS among the elderly, it is necessary to consider factors like satisfaction in residential environment, neighborhood relationship, economic status, maintaining friendship, family relationship, physical health condition, satisfaction in marital status, job or career, and lastly, satisfaction in others aspect of life((Mehrotra *et al*2018).

1.6 Ageing, Stress and Coping

The elderly people not only face physical problems as they are aged, but they also experience emotional challenges as well. Elderly people are faced with stresses that may include living on a reduced retirement income or being unable to care for themselves independently. Ageing is coming up as one of the biggest challenge the world over. At any

age, stress is a part of life, young and old alike have face difficult situations and overcome obstacles, with increasing age, people are more susceptible to physical, psychological, social and emotional problems (Shebeer, 2013). Psychological problems in the elderly differ in each country depending on the social infrastructure. "May you lead a long life" is a common phrase used as a blessing in Indian culture where the aged are still looked at as a source of pride and joy in most Indian families (Nadig *et al*2011). Stress and stress related problems have various effects on old age, their care giver and also in society. It may cause physical, mental, emotional and behavioral problems. Stress, is both a physical and emotional response to a triggering event. It is an inevitable part of living. A certain amount of it is actually desirable. But when the stress becomes too great, the result is negative (Anon., 2004). Dagar (2003) reported that stress comes in all shapes, and has become so pervasive, that it seems to percolate everything and everybody including senior citizens. Stress can originate in physiological, psychological and social conditions and threaten the integrity of the body and personality. Most of the symptoms that senior citizen generally face are fear of death, feeling of insecurity and general excitement, fatigue, insomnia, gastrointestinal disturbances, depression of spirits, emotional instability, inferiority feelings, pains and headaches, indecision, intolerance, suicidal pre-occupation, panic states, giddiness and genitourinary symptoms and other physiological disturbances. Stress is faced by the elderly whether living at home or in institutionalized homes. Studies have indicated that the stress faced by the senior citizens living with family is comparatively less than those living in old age homes as they have been found to develop a negative feeling about themselves. Old age is a phase of life, which will arrive and stay till death takes its toll. The way a person adapts and copes, reflects his aging process on a psycho-social level (Griffiths and Thinnes, 2011). There are individual differences in the stress processes, which are influenced by several factors, including socioeconomic status, personal dispositions and life transition (Almeida, 2011). While the stress processes are not yet fully known, since the 80s it was generally accepted that exposure to stress alone does not directly lead to health problems, but its effects are mediated and moderated by other variables such as coping and social support (Pearlin,1989).

Senior citizens try to cope up and manage their stress via different mechanisms. The way of managing stress is called coping. Coping refers to the combination of cognitive, behavioral and emotional strategies implemented in order to master, minimize or tolerate stress and conflict. Coping strategies are classified into two main styles: pro-active coping (problem-focused coping) and passive coping (emotion-focused coping). Pro-active coping reflects active efforts to solve, re-conceptualize, or minimize the effects of a stressful situation by focusing on the problem, developing alternative solutions, and acting accordingly. While, passive coping includes strategies that are directed at altering the emotional responses to stressors in order to reduce unpleasant feelings (Saravanan *et al*2019).

The general and most frequently used method of coping is by confiding in people like close relatives and friends. The coping could be either referred to the appraisal process (emotion-focused) or be done by the aim of changing external demands by means of behavior (Matthews *et al*2003). Because coping strategies are habitual and preferential, (i.e. they are relatively stable ways of responding), the concept of coping relates to the personal differences and the way of individual's appraisal or it could be explained based on the choosing processes (attention), appraisal and coping related to stress (Ishida, 2006). However, today researchers have admitted that three extensive dimensions are as follows: problem-focused coping, emotion-focused coping and avoidance coping (Matthews *et al*2003; Mishara and Ystgaard, 2006). Because of sudden loss of work, more free time at hand and lack of proper socialization, ageing can produce a loss of interest in living. Early planning, flexibility in interests and continuing social roles, and physical activeness, developing a reliable source of income after retirement (Grewal, 1999), anticipating the kind of roles and activities (Gandotra, 1996) can help aged to make the transition from active years to their leisure time years. So the advance preparation and planning for facing the problems of old age can facilitate the necessary adjustment of aged.

1.7 Programme and Policies for the Aged

The Ministry of Social Justice and Empowerment is the nodal Ministry for the welfare of senior citizens. The Ageing Division in the Social Defence Bureau of the Department of Social Justice and Empowerment develops and implements programmes and policies for the senior citizens in close collaboration with State Governments, Non-Governmental Organisations and civil societies. The programmes for senior citizens aim towards their welfare and maintenance, especially for indigent senior citizens, by supporting old age homes, day care centres, mobile medicare units, etc. These programmes are implemented through providing support for capacity building of Government/Non-Governmental Organizations (NGOs)/Panchayati Raj Institutions (PRIS)/local bodies and the Community at large. The Government of India started addressing the challenges of a growing number of older persons in the 1990s and adopted the National Policy on Older Persons (NPOP) in 1999. Thereafter, the Maintenance and Welfare of Parents and Senior Citizens Act in 2007 defined the responsibilities of the family and the State in providing care for older persons. While policies and the law provided the framework, the most visible intervention in old age care was the launching of the National Programme for Health Care of the Elderly (NPHCE) in 2011. Prior to these interventions**,** an old age pension was available in different States though its provisions and the benefits were not uniform.

1.8 Family Cohesion, Communication and Adaptability

Family cohesion is defined as the "emotional bonding that family members have toward one another" Specific indicators for measuring the family cohesion dimension are emotional bonding, boundaries, coalitions, time, space, friends, decision-making, interests and recreational activities (Lakshmi and Anitha, 2014). In India the family is the most important institution that has survived through the ages. India, like most other less industrialized, traditional, eastern societies is a collectivist (a sense of harmony, interdependence and concern for others) society that emphasizes family integrity, family loyalty, and family unity. More specifically, collectivism is reflected in greater readiness to cooperate with family members and extended kin on decisions affecting most aspects of life, including career choice, mate selection, and marriage (Heitzman and Worden, 1995). Given the importance of family experiences for individual wellbeing and social adjustment, it is important to understand whether and how family functioning characteristics shape emotional experiences inside and outside the familial context. One such characteristic that has received attention as a predictor of well-being in the family is familial cohesion (Olson, Portner, & Lavee, 1985). Indeed, familial cohesion, defined as the degree of togetherness or closeness or emotional bonding that family members have toward one another, was found to be correlated with interpersonal well-being and satisfaction in adults (e.g., Green, Harris, Forte, & Robinson, 1991a, 1991b). Family support involves complex relations of giving and receiving material assistance, instrumental support aimed at behaviour or the context of care and emotional support expressed through presence, companionship, affection, empathy, listening and confirmation (Allen and Wiles, 2014). Since ages, the Indian family has been a dominant institution in the life of individuals. It is considered strong, stable, close, resilient and enduring. In India, overwhelmingly, families adhere to a patriarchal ideology, follow the patrilineal rule of descent, are patrilocal, have familialistic value orientations, and endorse traditional gender role preferences. Historically, the traditional, ideal a desired family in India is the joint family. A joint family includes kinsmen, and generally includes three to four living generations, including uncles, aunts, nieces, nephews, and grandparents living together in the same household (Avasthi,2010).

When communicating with aging parents it’s important to remember their life is rapidly changing and they are trying to maintain a sense of independence. It’s difficult for seniors to rely on others for care and to help solve their problems when they maintained control of their own life before. According to Olson and Barnes (2004), family communication is an action in making information, ideas, and knowledge perceived by each family member. Communication of parent and child is effective if both parties understand and

open each other. The effective communication between parents with the son-in-law is with interpersonal communication that impact on the creation of a harmonious relationship.

Adaptability is defined as "the ability of the marital or family system to change in its power structure, role relationships, and relationship rules in response to situational and developmental stress" (Olson, Russell, and Sprengkle, 1984). Elder masses often find it difficult to adjust with the new generation due to generation gap. They have their own mental set-up and pattern of life but very often they try to superimpose their own ideas. They are prone to oppose the modern trends and lifestyle due to lack of adjustment or dominating nature. To be well adjusted in old age one must be able to satisfy their personal needs and live up to the expectations of others within the framework of life provided for them (Badami and Yenagi,2016).

1.9 Ageing and Family Support

Family support is crucial for life satisfaction and better quality of life. An individual needs support at various fronts time to time throughout their life, but the need of support especially increases in old age because at this age people have already lost much of their intimate contacts. Therefore, they feel lonely and isolated. They need financial support, physical support and emotional support. It is the responsibility of family, society and government to provide necessary support in old age. Absence of social support may lead to physical as well as psychological problems in the individual. Families are the cornerstone of all human societies which have been discovered in every human culture. Family as a social institution is closest to us and its influence can be felt in everyday lives (Morgan & Kunkel, 2006). It is a place where a person finds and expects the most encouragement, comfort, security and help when and wherever needed. Elderly are most happy with family life especially with their children/grand-children (Läidmäe, V & Tammsaar, K & Tulva, T & Kasepalu, 2012). Researches in many cultural settings reported that older people prefer to be in their own homes and communities (WHO, 2011).

Caring for the elderly might add strain to financial, emotional, physical resources of many families, but as Brijnath (2012) illustrated that, families attach ―deep meaning to care (of the elderly), viewing it through prisms of love, duty and reciprocity". Thus, families continue to be the main (or sole) provider of care to the elderly. Every human being passes through various stages in his lifetime i.e. birth, infancy, childhood, adolescence, adulthood and old age. This biological transition through different stages has cultural and human overtones. Several studies have been conducted in India specifically focusing on adjustment trends of elderly, life satisfaction, stress, and coping of aged, but only few studies has been done to improve family cohesion, communication and adoptability to minimize challenge of

ageing in family. Problems of the elderly must be addressed with utmost care. An intervention programme is defined as a programme or a set of activities and training aimed at bringing about a desired change in an individual. Focus should also be put on interventions that encourage older adults' social connections and engagement.

For the individual, age serves as an important base for self perception and role performance. In an Indian home, elderly are regarded as symbols of the divine and given utmost respect. They are considered as the repositories of wisdom, carriers of traditions and transmitters of experience of ideas of group living. Researches indicate that elderly as compared to the younger cohorts are more vulnerable to certain losses. They may lose their friends, life partners, older relatives, neighbour due to disease, divorce, death, geographical mobility and retirement. It is the age when people face common problems as physical helplessness, economic insecurity, loneliness, increased leisure time, loss of spouse, lack of social support and health complaints etc., which affect the quality of life of theirs. There is lack of care to address their needs due to the societal trends towards modernization and urbanization (Singh, 2016). Thus, the welfare of the elderly, even in the normal family situation, is likely to be a problem. As a result, caring the elderly is fast becoming a problem. What was previously a duty has become an obligatory burden today. This naturally makes the aged feel that they are becoming a burden on adult children, which again increases the feeling of stress in them. In a study done by Ambastha, (2014) on 100 persons above 80 years of age, health and functionality issues were well reflected. These issues may indicate long-term care needs of an ageing population. The study found that 83 per cent of patients had two or more significant health problems and 43 per cent were unable to perform one or more ADL. Some 69 per cent were unable to perform instrumental ADL (such as housework, managing money and using a telephone). Mobility, transfer and climbing stairs were impaired in most of the subjects of the study. To cope with these health challenges, older persons need easy and rapid access to quality primary and specialist health services, adequate financial resources, caregiver support and assistance in ADL. Successful aging has been widely accepted as the paradigm for the quality of life when growing older, and it is a multi-dimensional concept (Rowe and Kahn, 1997). Effective intervention strategies to support successful aging have been accordingly developed. However, most health promotion intervention studies have focused on one aspect of successful aging, and only a few have considered a cross-disciplinary and multi-dimensional goal of intervention for successful aging (Hsu *et al*, 2019)]. In addition, Rowe and Kahn's (2015) successful aging 2.0 idea indicates that six aspects should be prioritized for policies focused on old age: intergenerational relationship, family (evolution, support, and role changes), productivity (work and retirement, function and dysfunction, technology, social role), human capital development (lifelong learning and skill

training), and health and healthcare. These aspects indicate that a new approach for promoting successful aging should seek not only to increase the awareness of preparation for growing older and aging successfully, but also to increase the ability for lifelong learning, social participation, and health. The importance of family rises with advance age as elderly need more support and help in their later life. During chronic illness or crisis the demand may even exceeds in everyday life of old people (Gillen, M & Mills T & Jump Jenny 2003). Family provides care to elderly people. They assist and help in variety of physical task such as bathing, dressing, giving medication and feeding them (Morgan *et al*2006). They can provide basic care to elderly as care provider. Social network of family and friends buffer stress and promote well being thus reducing loneliness. Therefore social support of family is also important to improve the quality of life of elderly (Chalise, 2010).

In our country the entire responsibility of taking care of the old continues to be with the traditional institution of the family. The old people require care and support; this will put serious strains on family resources. While family members may wish to continue care for their elderly relatives, often it will be beyond their physical capacity and skill to provide continuous nursing and supervision. The family is the source of security and happiness. Inter personal relations between family members is important and food, clothing, housing, attention, recognition, social and emotional security are the needs of the elderly. They expect the family and society to fulfil their needs. Once they retire, elderly people find that their children are not seeking advice from them anymore and society has not much use for them. This realization often results in a feeling of loss of status, worthlessness and loneliness. The aged requires special attention, care facilities and a totally different environment from others. A study done by Agewell Foundation in 2011 revealed that older women who are living with their sons/daughters and grandchildren are suffering from emotional alienation. Due to the fast changing socioeconomic scenario of the country, younger generations hardly get time to interact with their elderly family members. The nuclear family system has also crushed strong traditional bond between grandchildren and grandmothers. Irudayarajan *et al*(1999) made an attempt to obtain the view and perceptions of Indian elderly from different socio-economic settings on issues pertaining their needs and expectations from the family, the state and the society at large. The results from the five different group discussions carried out among elderly in Kerala and Tamil Nadu, highlight the differential needs and expectations depending on the familial, educational, occupational and residential background of the individual elderly. It was found that the perceptions of the elderly on their unmet needs depend on sex, education, occupation and residential background. And the female elderly favoured co-residence with children, which they felt was the best security in old age. But the males seemed to differ on this count. On the level of satisfaction in old age, the study revealed that

there was more dissatisfaction among the elderly in a nuclear family set-up and among those who were financially dependent. Efforts like the present one may help to develop greater insight and may channelize the attention of society towards the problems experienced by senior citizens in urban areas. So that one can plan and conduct programmes for the senior citizens according to their needs to promote their better adjustment in old age. Elders desire a life with good health, dignity, economic independence. Care for the elderly in India falls on family members. One reason for this is lack of affordable public or private institutional care facilities. Another reason is that seeking institutional care is seen as evading family responsibility and is perceived as bringing shame to the family (Evans, Kiran, and Bhattacharyya, 2011).

There is a need to enhance self-esteem of the elderly by changing the attitude of families towards the care of the elderly (Bhat, 2001). This will ensure that they do not spend the twilight years of their life in isolation, pain and misery. Older persons are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their over-all quality of life (Dandekar, 1993). There is no doubt that the joint family system prevalent in India had provided much stability and protection of our senior citizens. In that system the youngsters extended support, love and respect to the senior citizens. The socio-economic shifts within origin of nuclear families affect inversely the ability of the family to continue the traditional care to senior citizens.

A family support intervention package can be very useful extensive interventions for family by utilizing professionals help to enhance life satisfaction among elderly. This study can be of immense help humbly contributing in contemporary challenges of old age, and minimizing breakdown in family system, furthers researches and interventions. This documentation provides an overview of problems of aged and impact of intervention on their issues. The findings of the study will be the useful for mental health professionals including Psychologists, Social Workers, and also for children of aged in preventing and responding problems of the aged parents and their children and would be also useful for researchers and planners in their endeavor to work towards improving life satisfaction of the aged elderly. It is necessary to develop and improve the competency of family in providing elder care. Information on ageing, contribution of elderly population to the society, necessity of protecting them etc. must be included in the school syllabus. Youth need to be educated on the significance of intergenerational relationship and duties of children towards parents. Therefore, the present study was undertaken to intervene ‘Family Support Intervention Package’ to enhance Life Satisfaction among elderly with following objectives.

GENERAL OBJECTIVES:

- To Intervene 'Family Support Intervention Package' to enhance Life Satisfaction among elderly.

Specific Objectives:

1. To assess life satisfaction, stress and coping strategies of elderly living with family.
2. To asses attitude of family members towards life satisfaction, stress and coping strategies of their elderly Parents
3. To develop of Family Support Intervention Package to enhance Life Satisfaction among elderly.
4. To intervene 'Family Support Intervention Package' to enhance Life Satisfaction among elderly.
5. To utilize professionals help to support effectiveness of 'Family Support Intervention Package'.
6. To enhance cohesion, communication and adoptability among family members to minimize breakdown in family system.
7. To explore impact of 'Family Support Intervention Package' and professional help on life satisfaction among elderly.

OPERATIONAL DEFINITIONS

- **Elderly:** A person relatively advanced age, at or over the age of 60 years.
- **Life satisfaction:** Life satisfaction is defined operationally as the extent/state of respondents' personal happiness and satisfaction with present life. It is predicted by the respondents' routine activity level, health status, financial status, available support and inter-personal relationship with significant others (family members/other senior citizens, social groups).
- **Stress:** Stress is the extent of physical, psychological, or social disruption in response to unusual demand or situations affecting a person well- being or integrity.
- **Coping:** Coping refers to the thoughts and actions used to deal with stress.
- **Intervention package:** Intervention package means any actions/ activities performed/used to bring about change in people to modify behaviour, emotional state, or feelings.

- **Family Support Intervention Package/Model:** Family support Intervention Package is an umbrella term covering interventions for family (Elderly, their Children and grand children**.**
- **Family Cohesion:** Family cohesion has been defined as the emotional bonding that family members have toward one another.
- **Family Communication** Family communication, then, is defined as messages that are typically sent with intent, that are typically perceived as intentional, and that have consensually shared meaning among individuals who are related biologically, legally, or through marriage-like commitments and who nurture and control each other.
- **Adaptability'** is formally defined as the capacity to adaptively regulate cognition, emotion, and behavior in response to new, changing, and/or challenging conditions and circumstances
- **Attitude:** Attitude refers to a set of emotions, beliefs, and behaviors toward a particular object, person, thing, or event.

DELIMITATIONS OF THE STUDY:

- The study was limited to old age range between 60-80 years.
- Aged belonging to middle socio economic strata with per capita income of Rs. 5000/7000 only.
- Special need cases were not included in the study.
- During the survey many respondents were reluctant to share the intimate details about family issues that they have suffered in their lives.

Chapter-II

REVIEW OF LITERATURE

A comprehensive review is mandatory in any research endeavour. This requires thorough efforts on the part of the investigator to select relevant subject matter, to organize and to report it systematically. This chapter deals with brief account of literature, which has direct and indirect bearing on the specific objectives of the investigation (Polit, 2006). In this chapter investigator has made an attempt to review the studies related to life satisfaction, stress and coping strategies/mechanism during old age. Various research studies have been conducted to focus on different aspects of aging. In the present study, the related literature was reviewed, categorized and organized under the following headings

2.1 Life satisfaction and aged elderly

2.2 Stress and aged elderly

2.3 Coping strategies and aged elderly

2.4 Family attitude towards aged elderly

2.5 Family Cohesion, communication and adaptability

2.6 Importance of Intervention programme for aged elderly

2.1 Life Satisfaction and aged Elderly:

Lalitha *et al* (2019) conducted descriptive research approach to assess the quality of life and life satisfaction among 100 senior citizens in selected areas of Tirupati. The samples were identified and the data was collected by applying Quality of Life WHO-BREF Scale and Life Satisfaction Index. It was reported in the study that 47% had average and 53% had high life satisfaction. There was a significant association between the quality life with their education, occupation, health status, NGO's programs available for them financial support, medical help, and Government schemes. There was a positive correlation 0.543 between quality of life and life satisfaction among senior citizen.

A community based cross-sectional study was done by Karmakar *et al* (2018) to find out different domains of QOL and its association with socio demographic factors among geriatric population. The sample was of 76 persons aged 60 years and above from August 2016 to October 2016 in rural areas of Madhupur, Sepahijala district, Tripura. The World Health Organization QOL-BREF scale was used and analysis was done using SPSS version 20.0 statistical software. $P < 0.05$ was considered as statistically significant. The mean QOL score was maximum in social health domain (67.32 ± 15.30), followed by environmental health (51.64 ± 10.11), lowest was in psychological domain (44.29 ± 11.50). Better physical health domain score was found among participants. The study revealed social relationship

domain had higher mean QOL score in comparison to other domains, but contrastingly psychological domain was affected worst in "old age group." Further research can be done to explore the factors affecting psychological domain.

Banjare *et al*(2015) studied factors associated with the LS among the rural elderly in Bargarh district of Odisha, by using cross-sectional survey method with multi-stage random sampling procedure among 310 elderly (60+ years). Hierarchical regression analysis was used to assess the adjusted effect of various socio-economic, demographic, health conditions (physical and mental), social support and effects of multi-morbidity on LS. Cognitive health was the most influential factor in determining LS among both men ($\beta = 0.327$) and women ($\beta = 0.329$). Individual's social support also plays an influential role in LS among rural elderly. Elderly who were living alone and have any sort of disability and had low score of activities of daily living (ADL) had also reported significantly lower perceived LS for both the genders.

The study of Ansari & Dhakar (2014) showed that aged living with family had low level of life satisfaction regarding their personal status. The reason for lower life satisfaction in personal self was due to inadequate ability of subjects to fulfill their needs, and to carry out their work which probably increased their dependency on others thus affecting their self esteem and their self efficacy. Moreover, the respondents felt that their importance amongst others had decreased which created a sense of incompleteness. The respondents were not satisfied with their personal identity because they felt that their family members and younger generation did not adjust well with them.

Priyanka & Mishra (2013) studied differences in overall life satisfaction and specific domains of life satisfaction in elderly of urban and semi urban dwellings. The study was based upon sample of 400 elderly (200 urban samples and 200 semi urban samples) of age 60 years and above. Life Satisfaction Index for the Third Age—Short Form (LSITA-SF) revised form of Life satisfaction questionnaire developed and standardized by Neogarten (1961) was modified and standardised for Indian elderly for measuring over all life satisfaction and life satisfaction scale developed and standardized by the researcher was used for measuring life satisfaction for specific domains of life satisfaction (health satisfaction, family satisfaction, financial satisfaction, personal satisfaction and social satisfaction). Results revealed that no significant difference was found in overall life satisfaction of elderly people in urban and semi urban dwellings. Significant differences were found in Health satisfaction, Financial satisfaction and Social satisfaction among urban and semi urban elderly.

Mukherjee (2013) studied the quality of life of the elderly and stated that both physical and social disability lowers down the quality of life. Physical disability includes difficulty in climbing stairs, walking, shopping, public transport etc. while social disability

arises when an individual is vulnerable to social and environmental predictors of disability. Physical as well as psychosocial components influence quality of life of elderly.

A study was conducted by Marpady *et al* (2012) in rural Mangalore taluk of Daskhina Kannada district of Karnataka state to explore the pattern of social support system and life satisfaction among elderly and to seek the scope for social work intervention. A sample of 60 elders was selected from the study area by using simple random sampling method. The data was collected through pre-tested semi-structured questionnaires and was analyzed by using percentages and proportions. Out of 60 respondents, 45 (75%) elders were married and living with their family members. The Family members were quoted as most important social support network factors for life satisfaction in the case of 48 respondents (80%). It was found that 42 (70%) respondents were not anxious about the future, since the respondents were economically sustainable and their position in the family was comparatively good.

A cross sectional study was conducted by Sowmiya and Nagarani (2012) on QOL of 476 senior citizen residing in Mettupalayam, a rural area of Tamil Nadu by using WHOQOL-BREF questionnaire. The findings of this study showed that 50% of senior citizens were falling in moderate score of QOL and very few (3.8%) individuals were having good QOL. The investigator recommends that traditional role of respecting and caring elders should be reinforced at school level and interventions must be planned from the primary level itself.

Vagetti *et al*, (2013) conducted a study to explore association between socio-demographic variables, health conditions and QOL domains among 1806 elderly female participants in the ―Elders in Movement program using WHOQOL BREF and OLD scales. The finding of the study denoted that socio-demographic factors and health conditions were associated with QOL among elderly women.

Rathi and Radhika (2012), in their article "Socioeconomic Status and Life satisfaction in Cross-Cultural Perspective: The Elderly in Japan and India" examined the distinct socioeconomic factors, level of life satisfaction of elderly and factors associated with the life satisfaction of elderly in Japan and India. The results considerably demonstrated that even though the Japanese elderly were in better position in socio and economic status compared to their Indian counterparts. However, the level of satisfaction was observed to be higher among Indian elderly than Japanese. The findings of the study also revealed the association between distinct socioeconomic factors such as education, convoy composition, leisure activities etc. and life satisfaction of elderly in both the countries. This is an interesting observation as this leads to further deliberation of the role of other factors for the lower levels of satisfaction among Japanese. The level of satisfaction related to one's personal fulfilment, 'economic condition' and 'leisure' was markedly low among Japanese respondents (56 percent, 36

percent and 36 percent) compared to India (77 percent, 41 percent and 51 percent), thus leading to lower levels of overall life satisfaction among them. This clearly indicated the cultural differences have an influence and impact on the life satisfaction across nations.

Takashi (2011) investigated how family and social relations affect the life satisfaction levels of elderly men and women in Japan. The sample comprised of 3,063 Japanese elderly adults (1,565 men and 1,489 women) collected from a sample in the first wave of the Japanese study of Aging and Retirement (JSTAR). The study found that life satisfaction is more closely associated with family and social relations for women than for men, after controlling for socio-economic, health, and other factors. Women are more sensitive than men to co-residence and contact with family members, especially parents-in law,as well as to social relations with others in the community, while men become much more depressed than women following a divorce or widowhood.

Shobha, (2009) conducted a study on life style factors and QOL of senior citizens by using the Pac Horale Scale. The study reveals that the majority of the senior citizens involved themselves in various activities ranging from walking, yoga, meditation and other activities like watching TV, reading newspaper and talking to friends. The study shows that majority of the respondents were actively involved in household work and care of grant children. Senior citizens respondent in the higher age group of 70-79 yrs and female respondent found to have lower level of life satisfaction.

2.2 Stress and Aged Elderly

Ahmad *et al*, (2018) conducted a descriptive, cross-sectional study among 100 retirees of district Srinagar from June 2015 to June 2016, using a semi-structured questionnaire. Levels of Stress and coping among retirees were assessed using the Depression Anxiety Stress Scales and Brief COPE scale. It was found that nearly 40 (40%) of cases had moderate level (10-12), 03(03%) had severe level (13-16), 04 (04%) had extremely severe level (17+), and around 35(35%) had no stress (0-7). Majority of retired employees 85(85%) either used average level (57-84), or used good level (85-112) of coping with a minority 10 (10%) using low level (28-56) of coping. There was a significant positive correlation between the stress and coping scores among retired employees.

Thomas 2017) conducted study to assess stress-related problems among geriatric men and women above the age of 65 years in a rural area in Hassan district of Karnataka state . The sample size was 60 geriatric men and women residing in a rural village. Convenient sampling technique was used for the selection of geriatric men and women. The tool for the study was structured questionnaire which consists of two parts-PART- I consisted questions related to Socio-demographic data, PART-II consisted of structured questionnaire to assess

the stress-related problems among geriatric men and women. The data was analyzed by using descriptive and inferential statistical methods. The most significant finding was that 100% of women and 86.6% of men in the study belongs to the age group between 64 and 73 years. About 43.3% of women and 23.4% of men were having mild to moderate levels of anxiety and only 6.7% of men with mild stress, 6.6% of women with moderate to severe stress and further 6.7% of men and 3.3% of women with extremely severe stress. There is a need for the nurses to take active part to restore the life clients who are sick and well, young and old to maximum functional capacity.

A community-based cross-sectional study was carried out by Boralingaiah *et al*(2012) at the field practice area of Urban Health Center, located at Medar's block of Mysore city, which comes under the Department of community medicine, JSS medical college, Mysore to know the psycho-social problems of the elderly in urban population of Mysore; to determine the extent of functional impairment among the elderly and to know the psychological distress of the elderly using GHQ score. The study population comprises of all geriatric population aged 60 years or above, who were residing in the study area for at least one year. The survey was done by house to house visit. After excluding the non-respondents and locked homes after at least 3 visits, 526 respondents were recruited for the study. Anxiety and insomnia were found in 3.4% of the aged (males 2.4% and females 4.1%) followed by somatic symptoms 2.9%, social dysfunction 1.5% and severe depression 1.1%. All psychological distress was found more among elderly women. Healthy traditions and values of Indian culture should be protected and promoted by developing good intra-familial and social relationships.

Suresh et. al, (2017) examined the stress and mental health status among community dwelling elderly of Tirupati, Chittoor district of Andhra Pradesh. Mental health was assessed by using “Mental Health Inventory” by Jagadish and Srivastava (1983). Stress was assessed by “Daily Stress Inventory” by Brantley, Waggoner, Jones, and Rappaport (1987). A total sample of 60 was taken out of which 30 were (60+ years) male and 30 were (60+ years) female living in the community. Results revealed that there were significant differences in stress and mental health status of male and female community dwelling elderly people, stress is correlated with mental health in elderly. Male elderly people were found to be highly stressed than the female elderly people. There was a negative relationship between stress and mental health among female elderly, it means if stress decreases, they have high mental health status.

Hiremath *et al*(2016) studied 50 senior citizens living in Malkapur area, Karad, Maharastra by using Convenience sampling technique. The aim of the study was to assess the

level of stress and depression experienced by senior citizens and to find the coping strategies adopted by senior citizens. Data was collected by using a structured questionnaire which was prepared based on demographic data for assessing stress, depression & coping strategies among senior citizens. The data was tabulated and analyzed in terms of objectives of the study, using descriptive and inferential statistics. It was found that majority of samples 39 (78%) had stress sometimes & very few 2(4%) were those who never get stressed. Majority of the samples 29 (58%) were using coping strategies sometimes where as minimum samples 15 (30%) were using always.

Sharma (2015) conducted a study in Delhi on 1016 elderly and the result showed that 7.5 per cent men and 9 per cent women were under severe depression while 8.7 per cent men and 7.7 per cent women were under mild depression. Group of married with spouse living were having more depression (20 %) than group of married but widowed (12.7%). People belonging to lower SES were having more depression than middle and upper SES elderly. People living alone were less depressed than those living with spouse only.

Dwivedi and Mishra (2014) confirmed stress as a predictor of Psychological wellness in old age. They studied the relationship between five areas of stress viz. physical stress, emotional stress, mental stress, spiritual stress and relational stress with the psychological wellness among 100 healthy Indian elderly couples aged between 60 to 75 years (N=200). Stress Assessment Scale and Psychological Wellness Scale were used. Stress was found to be negatively related with the psychological wellness in elderly couples. Physical stress was found to be the most significant predictor of psychological wellness among elderly. The psychological wellness of elderly has been correlated with the severity of stress and its dimensions.

Young and Baime (2014) evaluated the impact of Mindfulness-Based Stress Reduction (MBSRq) training on mood states in older adults. The researchers hypothesized Methodology that Mindfulness training may help seniors successfully to manage the physical and psychological challenges of aging in a manner that reduces distress and promotes vitality. The authors identified 141 older adults (>60 years) who completed MBSR training. All participants completed the Profile of Mood States-Short Form (POMS-SF) at baseline and followed 8 weeks of MBSR. Using paired t-tests, the authors evaluated changes in mood following training in MBSR. In a subset analysis, the authors further examined the impact of MBSR training in individuals with the highest scores on depression and anxiety. Primary reasons cited for MBSR enrolment was to improve stress management skills. Results showed that overall emotional distress and all sub-scale mood measurements improved significantly following MBSR training. MBSR training resulted in >50% reduction in the number of older people reporting clinically significant depression and anxiety. It was concluded that MBSR

training is a promising, group-based intervention for decreasing psychological distress in older adults and that larger randomized controlled trials are needed to confirm study findings.

A study conducted by Sharma and Sharma (2012) to assess the magnitude of depression and its socio-demographic correlates among 121 senior citizens in rural areas of Delhi by using Geriatric Depression Scale. In the study, it was found that depression was less common among those who had positive approach including doing exercise daily (p=0.03) and yoga (p=0.026). The study concluded that there were several important risk factors such as poor sleep at night, tension at home, poor perception of health, not receiving any financial support in the form of pension for self or spouse and poor nutritional indicators were associated with depression. By identifying these factors among senior citizens at higher risk for depression can help to plan for better care for them.

Gupta and Kohli (2011) carried out a study with an aim to explore the gender differences in the adjustment patterns and anxiety of the community–dwelling elderly. A sample of 100 subjects, including 50 males and 50 females, aged between 65 and 75 years was selected. They were assessed using a semi- structured proforma, Bell's Adjustment Inventory and Sinha's Anxiety Scale. Results revealealed that both the groups had adjustment problems and an average to high anxiety levels. Elderly females had significantly higher anxiety levels as well as higher adjustment problems in home, health and emotional subscales, while males had significantly higher social adjustment difficulties. More research on psychological health of elderly especially in their socio-cultural context is needed to as to evolve practical and effective preventive and remedial strategies.

Ghosh (2010) studied the changing pattern of relationships of the middle class aged with their family members and its impact on their depression levels. Two studies were conducted. In study 1, a questionnaire was administered on stratified random samples of 66 males and 74 females' elderly. It was found that majority of them felt they could stay most peacefully with and would prefer to die in the presence of their spouse and children. In study 2, information blank and the Beck Depression Inventory were administered on stratified random samples. One of 50 elderly staying with and another of 50 elderly residing without their offspring. It was revealed that the elderly desire to stay with offspring mainly for security; the offspring generally discourage close grandparent-grandchildren relation; most children staying separately have infrequent contact with aged parents; the spouses were caring towards the ailing elderly but the aged staying apart from the offspring were more depressed.

2.3 Coping strategies and Aged Elderly

Iliyas *et al*(2018) conducted a descriptive, cross-sectional study among 100 retirees of district Srinagar between June 2015 and June 2016, using a semi-structured questionnaire.

Levels of Stress among elderly retirees and their coping were assessed. Correlates of stress and coping were assessed with respect to different socio-demographic variables. It was found that nearly 40% of cases had moderate level, 03% had severe level, 04% had extremely severe level, and around 35% had no stress. Majority of retired employees 85% either used average level, or used good level of coping with a minority 10% using low level of coping. There was a significant positive correlation between the stress and gender, stress and education and stress and years of experience. However there was statistically no significance between coping and demographic variables. There is a need for organized family and social support to improve the physical and psychological health of elderly.

A study was carried out by Lembas *et al*(2017) on a group of 296 residents of Szczecin who were over 60 years to analyze the relationship between the demographic factors and strategies of coping with stress used by elderly people. It was conducted by means of a diagnostic survey with the use of the Inventory to Measure Coping Strategies with Stress – Mini-COPE, as well as an original questionnaire form. The statistical analysis was conducted by means of SPSS Statistics 21.0 ($p \leq 0.05$). The results proved the existence of a relationship between the strategies of coping with stress used by individuals over 60 and factors such as gender, level of education, economic status and financial situation. It was concluded in the study when coping with stress, men and women apply different strategies. In case of individuals over 60, the higher level of education and financial status they declare, the more eager they are to use active strategies of coping with stress. Seniors with a lower level of education and lower economic status had more trouble adapting to difficult situations. They had problems with taking the initiative and actively dealing with stressful events. They also more often used psychoactive substances as part of their coping mechanism.

Mulik *et al*(2016) conducted a study to assess the level of stress and depression experienced by senior citizens and coping strategies adopted by them. A descriptive survey approach, non–experimental research design was adopted, 50 samples were included by convenience sampling technique. It was found that majority of samples 39 (78%) had stress sometimes & very few 2(4%) never had stress. As per depression scale, majority of samples 27(54%) were always having depression and majority of the samples 29(58%) were using coping strategies sometimes where as minimum samples 15 (30%) were using always. Association between demographic data and stress scale showed that only habits were associated with depression scale. This study helps to assess the emotional problems & coping strategies among senior citizens and to prepare an information booklet on the management of emotional problems of senior citizens.

Singh and Kaur (2015) conducted study to assess the social problems and coping strategies of senior citizens in selected rural areas of district Patiala, Punjab. A non-

experimental research approach with descriptive survey design was used to collect the relevant information from 140 senior citizens at village Tarkheri Kalan. The data was collected by conducting a structured interview schedule and then compiled and analyzed by using descriptive and inferential statistics. Findings revealed that 37% of the subjects usually and 33% of the subjects sometimes feel loneliness. Whereas 39% of the subjects usually and 33% of the subjects sometime experiencing problems due to poor health and the results also showed that 38% of subjects sometime and 37% of the subjects usually economically dependent on others whereas 44% of the subjects were usually and 31% of the subjects were sometimes abused by other people. At last 45% of the subjects sometime and 22% of the subjects rarely experienced problems related to their family and community members. Study also concluded that majority of subjects i.e. 94.3% had adaptive coping strategies and only a few percentages i.e. 5.7% of subjects had maladaptive coping strategies.

Mahler and Sarvima (2012) stated that with increased frailty and deteriorating health brings the fear of falling which seems to be a common complaint with older adults. In order to cope effectively, they learn to discipline their daily lives by learning to accept and live with the challenges of their vulnerable and deteriorating physical condition and the loss of control at different levels such as when they fall, from incontinence and from the stigma of facing an embarrassing situation. Older adults try to be as independent as possible but are also dependent on community care. They cope with their fear of falling by strengthening their will.

Dubey *et al*(2011) revealed that some of the coping strategies used by the aged were to participate in household activities like looking after their grandchildren and doing household chores. To an extent, religion provides a sort of social support for the senior citizens living with family and in old age homes, in the form of personal contact with other people at religious gatherings with whom they could share their thoughts. Studies also reveal that elderly engage themselves in reading religious books, magazines and newspapers and some even take up T.V. watching, listening music as their time pass or recreational activity. Aged widows and widowers in the institutions stated that listening to music relaxed them and helped them forget their tensions, worries and stress.

A study carried out by Han and Richardsson (2010) on homebound elderly examined whether spirituality could be a protective factor when it comes to loneliness and depression. The study used face-to-face interviews with over 40 elderly people, age 60 or older. The findings were that spirituality might prevent loneliness from turning into depression.

2.4 Attitude of Family towards Elderly

Jung & Jopp (2019) conducted study to examine how the quality of relationship between parent and adult children influences adult children's views on aging and attitude

toward their own aging and whether the effects of relationship qualities depend on parents' health and adult children's perceptions of how well their parents were aging. The sample included 217 adult children aged 18 to 73. Findings revealed that different parent–child relationship quality dimensions (i.e., support, conflict, depth, ambivalence) differentially influenced adult children's view on aging (positive and negative) and attitude toward own aging, and some of these effects depended on levels of parental health and the way adult children view how successfully their parents were aging. The quality of the relationship to one's parents has an important role in shaping adults' views on aging and experience of their own aging, highlighting the importance of incorporating the role of family context to further enhance our understanding of how individual's develop perceptions of aging.

Ghosh *et al*(2015) conducted 30 semi-structured in-depth interviews of older adults' caregivers identified by key informants in Jodhpur city, Rajasthan, and were sampled purposively, stratified by care recipient's condition (cognitive impairment, physical health condition, healthy/"normal" aging). Deductive data analysis was conducted based on care demands and care giving role and responsibilities. Inductive analysis was conducted based on new themes that emerged from the interviews and not originally included in the guide. Although most families easily identified a primary caregiver, care-giving tasks were often shared between family and non-family members (domestic help), and varied by gender and family structure. In multi-generational households, care was shared among multiple family members, across generations. For daughter-in-laws, providing assistance to elders for decades as part of traditional gendered division of labor, caregiving for the elderly with a health condition was seen as an extension of the existing role. In light of shifts in family structure and household composition, care for older adults in India appears both centralized and diversified within families. Key measurement issues about assistance with daily living activities and conceptualizing care giving in the context of India remain unresolved.

A study by Ansari and Dhakar (2014) stated that aged were hesitant to ask for help every now and then from family members regarding routine activity. The subjects informally disclosed that though they were taken care of well but personally they felt that they were interfering in their children's life. Further, since women are emotionally more sensitive therefore the stress was being felt to a greater degree.

Alam *et al*(2013) studied the socio-economic problems of the aged. The main objective of this study was to study the socio-economic problems of the old age people. The researchers selected 45 respondents through convenience sampling method. The researchers found that majority of the respondents faced different types of problems like no decision making power, neglected and verbal abuse, death of spouse etc. Most of the respondents have low social status in the community and within their families.

A qualitative study conducted in Pondicherry by Balamurugan and Ramathirtham (2012) examined the gender difference in the treatment of elderly, practice/pattern of familial relationship of elderly household and abuse. The study included a sample of 300 elderly – 126 elderly men and 174 elderly women. The results showed that elderly people had a cordial relationship with their spouse with 92.3% males having better relationship and 88.1% females having better relationship with their husbands. Elderly men tended to have better relationship with any other member in the family when compared to elderly women. Relationship of elderly with their daughters-in-law's found to be least cordial for both the sexes (64.7% and 57.3% respectively). Only 38.2% of male and 26.3% of female elderly had been participating in all family ceremonies. The major reasons reported by them were 'not permitted' and 'no respect'. Around 6% of males and 9.1% of females elderly reported 'physical condition not good' as a reason for absence in family ceremonies. The study further revealed that only 35.4% of male and 18.6% of female elderly were consulted by family members' on important family matters. Only 35.4% of male and 20.4% of female elderly had involved in solving family disputes. Majority of elderly were not having adequate finance of their own (65.7% of male and 71.7% of female). Around 80 per cent of elderly males and 84.1% of elderly females reported that they had experienced abuse from family members. Lack of Care/Neglect was the type of abuse suffered by many followed by verbal abuse, beating and verbal abuse and verbal abuse and not given food. These elderly living with family also had reported their difficulty in chores such as inability to cook their food and self-care at times of illness such as difficulty in dressing, eating, etc. This study thus throws light on the conditions of elderly living with family.

A study was done by Udhayakumar and Ilango (2012) on 50 respondents selected randomly from Tiruchirapalli, a small town in Tamil Nadu to assess the quality of informal care received by the elderly and to find out association between socio-demographic variables and the quality of informal care received by the elders. A pretested interview schedule was used to collect the data. Quality of Informal care received by the respondents was measured using Quality of Informal Care Scale (QICS) developed by Help-age International. Less than half (48%) of the respondents were in the age group of (60-65) years and more than one fourth of the respondents (30%) were in the age group of (66-70) years. It was found that with increasing age, the proportion of elderly feeling aging as a problem increases. Education was found to be influencing perception of aging as a problem while combined with status of elderly at home. It was found that with increase in level of education the perception that aging is a problem declined in both the groups of elderly (working and not-working). A significant difference between the type of family of respondents and quality of informal care was found.

It was also found that there was no significant correlation between age, monthly income, number of elders in family and quality of informal care received by elders.

A study conducted by Kaur and Saini (2011), in urban Ludhiana, Punjab found that one fourth respondents reported to encounter 'high' social isolation consequent to poor family relation and unsatisfactory interactions within family. Neighbourhood ties and coping mechanisms were not generating as much social isolation as the two dimensions viz; family and friends. Therefore, family and friends were found to be major source of social support among elderly.

A study was conducted by Dahiya *et al*(2011) to understand the psycho-social factors which affect the elderly persons residing in rural area of district Gurgaon, Haryana, Village Kaliawas. The sample of elderly persons was selected using purposive sampling technique. Data was collected with the help of a specially designed structured schedule which was administered to the selected sample through house-to-house survey. Eligibility criteria for inclusion in the study group was that the person should be above 60 years of age. Results of the study revealed that most of the elderly persons were of the view that the younger generation of their families did not give them due respect, love and affection. To overcome this problem, majority of the elderly opted to go to temple/satsang/kirtan, etc.

Rotkar (2010) in a paper intend to examine the role of the elders in the new changing context. A group of 156 senior citizens (above 60 years of age) of Aurangabad city in Maharashtra coming from lower middle income families was randomly selected. The group consisted of 87 males and 69 female members. Each member was interviewed with the help of a questionnaire for eliciting the reliable information. On the basis of the information collected, it was found that almost all the respondents seem to be thoughtful, holding liberal views and prepare to adjust with all odds. Barring few exceptions, they exhibit positive attitude while compromising with the other family members to avoid the conflicts. Few informants have reported incidence of family disagreement mainly arising out of egos of certain members disturbing their mental peace. Quarrels between mothers and daughter's-in law have been reported to be the prominent factor responsible for breaking the quite families. All the informants want to keep themselves actively and constructively engaged. They specially preferred to perform various duties relating to children from educating them to giving them moral support. They did other family jobs also with equal enthusiasm. With the advancing age, their ardent zeal gradually goes on declining and they start facing certain physical and mental disorders, resulting in the weakening of their abilities.

Mitra and Dasgupta (2010) carried out a study to investigate the attitude of youth towards older adults living in extended families (permanently or occasionally) and ascertain

their perception about the quality of life of older adult. Ninety young adults from Kolkata, staying in extended families were purposively selected. Kogan's attitude scale towards older adults was used to assess attitude, and a checklist with a Likert type of scaling was developed to ascertain quality of life in the home regarding involvement in family affairs. Results revealed that the respondents had a positive attitude towards older adults, maternal grandparents were more involved in household activities; more so when their stay was occasional. The elderly were involved in family decision making to some extent; this was significantly felt more by young females. Paternal grandparents were given more assistance by the family. Conflicts were more when both paternal and maternal grandparents stayed together in the same house. Older adults were well treated. The study endorsed the fact that accepting ageing was not a lesson that can be taught but rather a belief, wisdom, a consciousness that can be developed and valued over the growing up years in youth adults in extended families.

Lena etal., (2009) studied about the health and social problem of the aged. The main objective of this study was to find out the health and social problems of the elderly. A total of 213 old age people were selected from rural area in south India. The study was descriptive in nature. The researchers found that 98 percent of the respondents told that old age had affected their daily life activities. Half of the respondents had feeling of being neglected in the family, while 47 percent had feeling of unhappy life and 36.2 percent had feeling they were a burden on the family. Around 40 percent of the respondents felt insecure and 56.3 percent had financial problems. Remaining i.e. 48 percent of the respondents were sad mainly because of poverty and illness.

Ann (2007) in her study sought to understand how older adults and middle-aged children make sense of the challenges of aging. In particular, the move to a care-related facility provides a context for the study of how uncertainty, ambivalence and other concerns connected with the aging process were conceptualized by older adults and their children. Furthermore, how older adults and middle-aged children communicated about and coped with these challenges was examined. Babrow's (1992, 1995, 2001, and 2007) Problematic Integration Theory provided a framework for this research. This was qualitative study which employed in-depth interviews with 44 older adults and 12 middle aged children from two continuum-of-care facilities. Findings indicated that both older and middle-aged participants experienced problematic integration concerning the declines suffered by the older adult, changes in the parent-child relationship and the decision to move to a care-related facility. However, the Problematic Integrations of the older adults were quite different than those experienced by the middle-aged adults. Parents and children differed in how they communicated and coped with these challenges. The children in this study was found to have

a more difficult time with their parents' aging and particularly with the move to a care facility than the older adults themselves. Older adult participants focused on positive evaluations, acceptance and adaptation. Children's coping was less optimistic and less constructive and concentrated heavily on the negative, engaged in more avoidance than older adults, and attempted to evaluate their parents' circumstances with more certainty than was actually warranted. By and large, most of the coping mechanisms that older adults employed explain their success in maintaining a positive outlook, achieving satisfaction with their move and their family communication and adapting to the challenges of aging.

Behura *et al* (2000) conducted a study with an attempt to present the social situation of the middle class retired aged persons in urban fringes of Bhubaneswar city. The total samples constitute 148 aged persons of whom 67 were men and the rest 81 were women. These people belong to 21 caste Hindu villages, located on the outskirts of Bhubaneswar city. The study has made use of various methods like village census, survey, and personal interview with informants through recording of information with the help of interview schedules. Besides, a questionnaire with close and open-ended questions was also administered and documentation of case studies was done. Observation method was followed while interviewing the informants during the course of the field work. The results reveal that aged men and women help their children in many ways as per their capabilities. In most of the cases, their economic and physical support is adequate in view of their old age. But still then, they were generally considered as useless and unwanted persons by their married sons and daughters-in-law. They were treated as a social and economic burden on family members. In such a depressing and shocking state of mind the aged lead a very miserable and pitiable life.

2.5 Family Cohesion, Communication and Adaptability

Shoaib, M., Sarfraz K. and Mohsin H.K. (2011) in their study entitled "Family Support and Health Status of Elderly People: A case study of District Gujrat, Pakistan" analysed the impact of family support on the health status of the elderly people in District Gujrat, Pakistan. Total 120 respondents were sampled from four villages of Gujrat. Results of the collected data showed a positive relation between family support and health status of the elderly people in Gujrat. Almost all sampled elderly people were living in rural areas of Gujrat and were supported by their family members. Majority of the respondents were living with and supported by their children and had feeling of belongingness to their families. Statistical test showed that there was association between family support and health status of the elderly people in Gujrat.

Nanthamongkolchai, S., *et al.* (2011), in their article "Successful Ageing: A Case Study of Rayong Province, Thailand" examined the proportion of successful ageing and influencing factors on the successful ageing in Rayong province, Thailand. The study used

secondary data from the project of "Life Happiness of the Elderly in Rayong Province", a study conducted in 2008. Total 400 respondents with age 60-80 years were taken for the study. It was observed that 27.5 percent of the ageing in Rayong Province was successful ageing assessed by 3 criteria which were having a good family relationship, high self esteem, and high life happiness. The factors influencing the success of ageing with statistical significance were family monthly income and social activity participation. The ageing with sufficient family income had a 7.5 times higher chance of success than those with sufficient income, and the ageing who participated at a high level in social activity had a 62 times higher chance than those with low participation. The family and responsible organizations should encourage the community participation of the ageing/aged people and provide sufficient income to lead to success in ageing.

Merz *et al*(2010) studied the association between providing support to elderly parent and well–being of adult children. This narrative and quantitative review synthesizes findings from 55 (N = 54,550) studies on the association between providing support to elderly parents and well–being of adult children as well as well–being of parents, in an endeavour to determine the prevailing direction of effects, magnitude of affects, and possible factors that may moderate these affects. The relation between caring for an elderly parent and well–being and/or caregiver burden in adult children was found to be insubstantial. Likewise, being cared for by adult children was found to weakly related to well–being in elderly parents. More complex models including psychological aspects of caring; aspects of the intergenerational relationship, such as quality ; and the inclusion of both the adult child's and the parent's perspectives on providing and receiving support appear more promising for understanding care giving and well – being in intergenerational relationships beyond childhood.

Khan and Raikwar (2010), in an empirical study of 320 people over 60 years of age in Delhi, selected through multi-stage stratified random sampling, suggest that 89 percent of the respondents expected that their family members should take care of them but only 37 percent are actually taken care of their family members. Ninety-two 36 percent of the elderly felt that they should be included in important household matters but only 26 percent of them were actually involved in family affairs.

Santos GLA, Santana RF, Silva RA *et al*(2018) analyzed the communication between the elderly and the family of the residents of social groups by using qualitative, descriptive, exploratory study with 33 elderly participants of an extension project. The semi-structured interview schedule was used to collect data. The Content Analysis technique was used in the Thematic Analysis modality. The study found four categories (conformations, concepts and meanings of family, types of communication, communication barriers and communication

strategies) emerged from the discourses. It was identified that the elderly have the concept of extended family beyond the blood ties. Spaces of coexistence for the third age and participation in religious centers supply the need for social and family exchange. It was evidenced that the conventional telephone is a strategy to facilitate family communication, in addition to family events / dialogue. It was verified the need to strengthen intra-family communication in the elderly who attend social spaces, stimulating communication strategies to prevent family isolation, despite social interaction.

Calvagna (2016) discussed about several things individuals can do to preserve communication and cognitive abilities as by Continue learning – pick up a new hobby, try a new recipe, learn a new language. Stay physically active by exercising. Keep your mind active by reading, doing crossword puzzles, and engaging in crafts. Eat healthily and avoid tobacco. Engage in social interaction and communicate with family and friends regularly. Volunteer for a cause or a charity, join clubs and/or participate in religious activities. All of these things will keep your brain healthy and active and contribute to good communication skills as one ages.

Badami and Yenagi (2016) studied adjustment pattern among rural and urban elderly to explore the family member's attitude towards elderly. 540 elderly males and females from rural and urban areas under the age group of 60-74, 75-84 and 85 & above were randomly selected from Dharwad Taluka. Data was collected through exploratory and personal interview methods. Adjustment Inventory Scale by Hussain and Kaur (1995) was employed to assess the adjustment pattern of rural and urban elderly. An attitude toward old people scale by Kogan (1993) was used. Socio Economic Status Scale by Aggarwal *et al*. (2005) was employed to assess the SES of the family. Results showed that urban male elderly showed better adjustment in all the areas as compared to rural male counterparts. Similarly, urban female elderly had better adjustment in all the areas than their rural female counterparts. Family members' attitude had positive and significant relationship with home adjustment, social adjustment, marital adjustment, financial adjustment and also overall adjustment indicating positive the attitude of the family members' towards their elderly, better is the adjustment of elderly in the areas like home, social, marital, financial and overall adjustment.

Gaur (2009) conducted a study on Adjustment in Ageing Adults a Predictor of Reaction to Frustration. The study focussed on to assess level of adjustment, level of reaction to frustration, correlation between the variables adjustment and reaction to frustration and the impact of adjustment on reaction to frustration of ageing adult males. The sample of 100 ageing adult males (60 years and above) were selected from the middle income group from Gangapur city of Rajasthan. The samples were literate with minimum education till secondary

level. The data was collected through Shamshad Jasbir Old Age Adjustment Inventory (SJOAI) with various dimensions of adjustments (Health, Home, Social, Mental, Emotional and Financial) and Reaction to Frustration Scale by B.M. Dixit and Dr. D.N. Srivastava with various aspects of reaction to frustration (Aggression, Resignation, Fixation and Regression). Overall interpretation of adjustment scores indicate that ageing people have to make maximum adjustment regarding health and home, while minimum adjustments regarding marriage and finance. Thus, the research concludes that, in the old people with low level of adjustment, the dimensions of reaction to frustration i.e. Aggression, regression, fixation, and resignation are high whereas where the adjustment levels are high, the reaction to frustration is low Supported by the research indicating that it is reported that nearly 60% of the Aged were not satisfied with personal and financial help extended.

2.6 Importance of Intervention programme for aged elderly

Gardiner *et al* (2018) studied an integrative review to identify the range and scope of interventions that target social isolation and loneliness among older people, to gain insight into why interventions are successful and to determine the effectiveness of those interventions. Six electronic databases were searched from 2003 until January 2016 for literature relating to interventions with a primary or secondary outcome of reducing or preventing social isolation and/or loneliness among older people. Data evaluation followed Evidence for Policy and Practice Information and Co-ordinating Centre guidelines and data analysis was conducted using a descriptive thematic method for synthesising data. The review identified 38 studies. A range of interventions were described which relied on differing mechanisms for reducing social isolation and loneliness. A wide range of interventions have been developed to tackle social isolation and loneliness among older people. The majority of interventions reported some success in reducing social isolation and loneliness, but there was significant heterogeneity between interventions. Common features of successful interventions include adaptability, community participation and activities involving productive engagement.

Rabiei *et al* (2013) conducted a study to determine the effect of family-based interventions on the elders' empowerment with emphasis on self-efficacy, self-esteem, perceive threat, and quality of life of the elders in Isfahan. In this semi-experimental study, 64 elderly people with the ability to perform routine and daily tasks without dependence on others and without systemic and restrictive diseases were chosen by available sampling method and were divided into two groups i.e. intervention and control groups. In intervention group, the model of family-based empowerment was trained and conducted in ten 45-minute sessions. The level of perceived threat, self-esteem, self-efficacy, and life quality in both groups were evaluated before and after intervention through a questionnaire. Chi-square,

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paired and independent t-test were used for statistical analysis. Statistical test of paired t-test indicated that family-based empowerment model significantly increased the quality of life in intervention group compared with the control group ($P < 0.01$).

A study conducted by Kaur and Saini (2011) in urban Ludhiana, Punjab found that one fourth respondents reported to encounter 'high' social isolation consequent to poor family relation and unsatisfactory interactions within family. Neighbourhood ties and coping mechanisms were not generating as much social isolation as the two dimensions viz; family and friends. Therefore, family and friends were found to be major source of social support among elderly.

A systematic review of prospective controlled trials was conducted by Forsman *et al*, (2011) including 69 studies. The studies were divided into physical exercise, skill training, reminiscence, social activities, and group support and multi component interventions. Data from 44 trials contributed to a meta-analysis of effectiveness. Overall, psychosocial interventions had a positive effect on quality of life and positive mental health. The pooled interventions also had a statistically significant effect on reduction in depressive symptoms. Social activities significantly improved positive mental health, life satisfaction and quality of life and reduced depressive symptoms. Based on the results of this study, duration of interventions is of importance, since interventions lasting for 3 months exhibited more positive effects compared with shorter interventions. Meaningful social activities, tailored to the older individual's abilities and preferences should be considered in aiming to improve mental health among older people.

Vankayalapati (2008) in his book stated that the psycho-social problems of elderly are often neglected. Medical intervention has improved but they treat physical problems only. Emotional upsets, behavioral problems, adjustment problems, stress, strain etc. need to be taken serious consideration. A peaceful mind and soul can keep a person healthy and happy. Therefore, not only physical body treatment but soul and mind treatment is also needed for active and successful ageing.

Resnick et. al,(2008) in the United States, in a research titled investigation of sport projects for self-efficacy of the elders residing in the city with participation of 166 elders with average age of 73 years showed that empowerment programs including physical activities and family-based and community based programs help the elders' empowerment meaningfully. They designed and implemented a 12-week program. After implementing the program, the elders' hope increased significantly with $p=0.02$. The study asserted that a program based on family and empowerment pattern will certainly bring positive results and considering family principle in planning and care programs will be of utmost importance.

A community based cross sectional study was conducted by Sharma and Mahavidyalya (2004) with a sample of 240 senior citizens selected randomly at phase one and purposive sampling was done at second phase. The objective of the study was to explore the effectiveness of life style interventions as self-help technique to enhance psychological well-being of institutionalized and non-institutionalized senior citizens. A sample was collected from the older people living in every fifth house of north-west Delhi as per the voter list. Population was divided into control (n=120) and experimental group (n=120) in phase II. Assessment was done before and after six months intervention, further follow up was done after a month. The intervention was consist of exercises; diet schedule, physical activities and meditation. Older people having poor psychological well-being in experimental group showed significant improvements in PWB scale, LTA scale and LS scale.

Chapter-III

METHODOLOGY

The third chapter deals with the research methodology adopted for the study which deals with the methods and procedure used in the execution of the present study. The methodological details are organized under the following sections:

3.1 Research design

3.2 Sample and its selection

3.3 Tools and their description

3.4 Procedure of data collection

3.5 Processing and analysis of data

3.1 Research Design

A research design incorporates the most important methodological decisions that the researcher makes in conducting a research study. A research design helps the researcher in selection of subjects for the study and determines the type of analysis to be used to interpret the data. The selection of research design depends upon the purpose of the study, research approach and variables under study. For the present study, a descriptive design was adopted to assess the life satisfaction, stress and coping of the aged elderly living with family and to Intervene 'Family Support Intervention Package' to enhance Life Satisfaction among elderly. The design selected for the study was one group pre test –post test design. This is a suitable design to conduct such a study to explore the impact of family intervention programme.

3.2 Sample and its Selection

Sample Selection: Door to door survey was conducted to identify families with aged elderly. Preliminary survey proforma was filled by 300 families, out of which those found eligible were purposively selected.

Locale of the Study: Kanpur city of Uttar Pradesh was selected for present study. Four wards (Nawabganj, Kalayanpur ,Vishnupuri and Khyora) were selected randomly for the study.

The sample consisted of 300 senior citizens who meet criteria, listed below.

- **Inclusion criteria**

  Senior citizen who is:

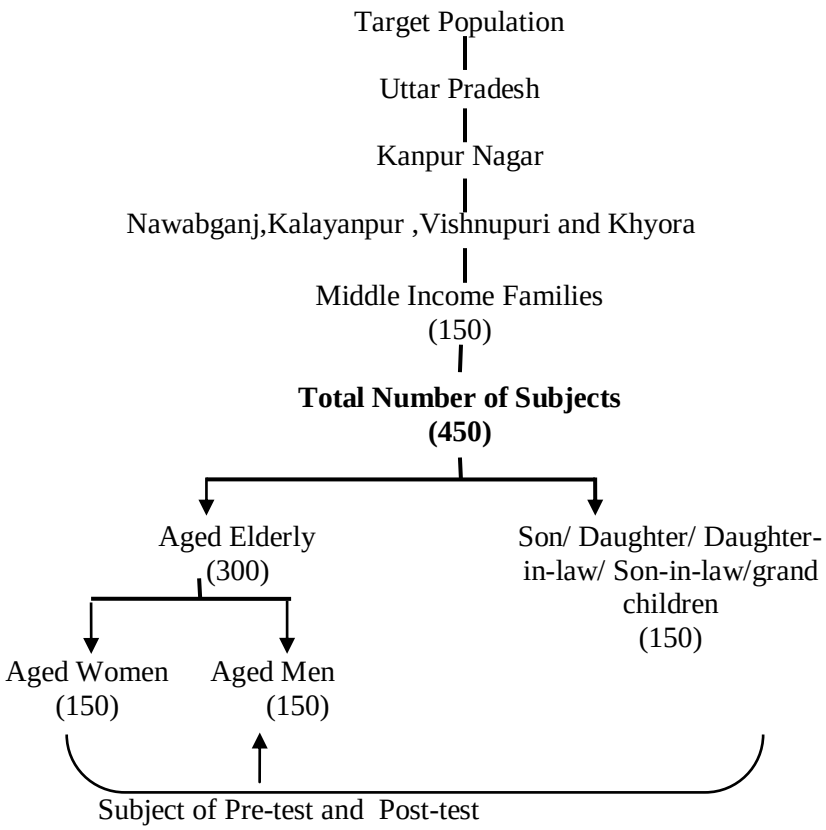
  - 60 years and above
  - Male and female

- Elderly people who are willing to participate in the study.
- Elderly people who are available at the time of the study.

- **Exclusion criteria**
  - Old age people who are seriously ill during the data collection period.
  - Old age people who are not willing to participate.
  - Bed ridden
  - divangya Jan
  - Widower and widowed
  - who have participated in the pilot study

Sample size and its characteristics: A total of 450 subjects from 150 families (3 subjects from each family- 2 Elderly and 1 Son/ Daughter/ Daughter-in-law/ Son-in-law from Nawabganj, Kalayanpur ,Vishnupuri and Khyora wards of Kanpur city of Uttar Pradeshwere selected for the study purpose. The subjects comprised of aged elderly belonging to middle income group who resided within the municipal limits of the city. The details of sample selection is presented in Fig. 3.1.

Fig. 3.1: Schematic representation of sampling technique



3.3 Tools and their Description:

The following tools were developed to obtain the data for research:

3.3.1 Preliminary Survey Proforma: Preliminary information proforma was used for identifying the sample for the present investigation. This proforma consisted of name, age, gender, place of residence, family income etc.

3.3.2 Background survey Proforma: Background survey proforma was developed and used to procure the necessary details regarding the subjects and their families which includes personal information such as name of the respondent, age, education, financial dependency/ independency, family size, religion, source of family income and health problems.

3.3.3 Life Satisfaction Scale was developed by Shabnam Ansari and Renu Dhakar (2014, MPUAT, Udaipur), was used to assess life satisfaction of the aged elderly. Life satisfaction of elderly was scored on the basis of their response to the different questions in this section. In totality 60 questions were incorporated in tool. Five response options have been provided for each question viz. fully agree,agree, agree to some extent, disagree and fully disagree, which were assigned 5, 4, 3, 2 and 1 marks respectively. With the help of obtained responses of respondents level of life satisfaction is calculated. The reliability of the scale was found to be 0 .91.

3.3.4 Stress Scale developed by Shabnam Ansari and Renu Dhakar (2014) was used to identify level of stress of the aged elderly. Stress of elderly was scored on the basis of their response to the different questions in this section. In totality 56 questions were incorporated in tool. Five response options have been provided for each question viz. fully agree, agree, agree to some extent, disagree and fully disagree, which were assigned 5, 4, 3, 2 and 1 marks respectively. With the help of obtained responses of respondents level of stress is calculated.

3.3.5 Coping Strategies Scale developed by Shabnam Ansari and Renu Dhakar (2014). This scale was developed by Shabnam Ansari and Renu Dhakar (2014 MPUAT, Udaipur) was to assess coping strategies used by the aged elderly to cope up with stress. The coping strategies covered in the scale were divided into active and avoidance coping strategies. Active coping strategies (i.e. Problem focused coping) include confronting, negotiating, positive thinking, adapting, confiding, accommodation and hired help. Avoidance coping strategies (i.e. Emotion focused coping) include avoiding, spiritualizing, reaction formation, displacement/projecting/ denial/ rationalizing. Five response options have been provided for each question viz. always, often, sometimes, rarely, never which were assigned 5, 4, 3, 2 and

1 marks respectively. With the help of obtained responses of respondents coping strategies is calculated. The reliability of the scale was found to be 0 .92.

3.3.6. Self structured Interview Schedule for Attitude of Children, Daughter-in-law/ Son-in-law/grandchildren towards their aged elderly parents. It consist of both open ended and closed ended questions

3.3.7. Self-structured Interview Schedule for family Cohesion, communication and adaptability. It consists of both open ended and closed ended questions.

3.4 Data collection procedure

Data was collected with the help of self developed scales to assess the life satisfaction, stress and coping of aged elderly, cohesion, communication and adaptability and attitude of elderly children towards aged life. The time taken for data collection was 6 months. The study participants were interviewed at their family setting after explaining the academic nature of this research, and they were assured that information collected from them would be kept confidential.

The investigator explained the purpose of study and obtained informed consent from participants who met the inclusion criteria. The investigator conducted a detailed orientation programme on structured nursing intervention. The data collected directly from the subjects of respective scale. The investigator assisted the respondents in filling up the scales. The detailed description of the procedure of data collection is give in following stages-

Stage: I: In stage I, Preliminary survey was done on 300 families. Out of which 150 middle income families with elderly spouses were randomly drawn for background survey. Firstly rapport was established with children and grand children through an informal discussion. They were then told about the objectives of the present study. Personal visits were conducted to gather the required information. In some families, aged sons' and grand sons' were unwilling to provide the information so only those respondents were included as the sample who were willing to share the information.

Again from these 150 families, 3 subjects from each family- 2 Elderly and 1 Son/ Daughter/ Daughter-in-law/ Son-in-law/ , a total number of 450 subject were selected as sample of the study, as described in table given below:

Table 3.1: Sample Specification

Middle Income Families -150			**Total Population**
Particulars		**Total**	
Aged Elderly	**Male**	150	450
	Female	150	
Son/Daughter/ Daughter-in-law/ Son-in-law/	**Children**	141	
	Daughter-in-law	9	

Stage: II: In this stage pretest was done on 150 families (300 spouses) to find out life satisfaction, stress and coping skills of selected elderly and cohesion, communication and adaptability and to assess attitude of 150 family members (Son/ Daughter/ Daughter-in-law/ Son-in-law/) towards life satisfaction, stress and coping strategies of elderly.

3.5 Analysis of Data

After data collection, it is necessary to analyze the data with help of statistics to arrive at conclusions. It also provides a quantitative base to research results. The data collected were scored, coded, categorized and put under statistical measure in the light of objectives. Mean and percentage was used to assess the life satisfaction and stress. Coping strategies analyzed in terms of frequency and percentage. Collected data was analyzed by descriptive and inferential statistics.

Socio-demographic data was analyzed using descriptive statistics and expressed in tables and graphs.

Ranges were calculated for obtained score for each aspect of life satisfaction, stress and coping to determine the minimum and the maximum length of the 5 responses and then divided by five as it is the greatest value of the scale. Afterwards, number one which is the least value in the scale was added in order to identify the maximum of this cell. The range of score is given below:

Table 3.2: Ranges of score for Life Satisfaction

S. No.	Aspect of Life Satisfaction	Ranges for scores for five Responses				
		Fully agree	**Agree**	**Agree some extent**	**Disagree**	**Fully disagree**
1	Personal Status	43-50	35-42	27-34	19-26	10-18
2	Health Status	38-45	31-37	24-30	17-23	9-16
3	Financial Status	17-20	14-16	11-13	8-10	4-7
4	Routine Activities	31 and above	25-30	19-24	13-18	7-12
5	Personal Achievement	43-50	35-42	27-34	19-26	10-18
6	Familial Relationship	48 and above	39-47	30-38	21-29	11-20
7	Social Relationship	43-50	35-42	27-34	19-26	10-18

Table 3.3: Ranges of score for Stress

S. No.	Aspect of Life Stress	Ranges for scores for five Responses				
		Fully agree	**Agree**	**Agree some extent**	**Disagree**	**Fully disagree**
1	Personal Status	27-30	22-26	17-21	12-16	6-11
2	Health Status	33 -40	27-32	21-26	15-20	8-14
3	Financial Status	27-30	22-26	17-21	12-16	6-11
4	Routine Activities	14-15	12-13	9-11	6-7	3-5
5	Personal Achievement	22-25	18-21	14-17	10-13	5-9
6	Familial Relationship	74-85	60-73	46-59	31-45	17-31
7	Social Relationship	48 -55	39-47	30-38	21-29	11-20

Table 3.4: Ranges of score for Coping

S. No.	Coping	Ranges for scores for five Responses				
		Always	**Mostly**	**Sometimes**	**Rarely**	**Never**
Active coping						
1	Confronting	38-45	31-37	24-30	17-23	9-16
2	Negotiating	33 -40	27-32	21-26	15-20	8-14
3	Confiding	10	8-9	6-7	4-5	2-3
4	Adaptation	15	12-14	9-11	6-8	3-5
5	Accommodation	33 -40	27-32	21-26	15-20	8-14
6	Positive	10	8-9	6-7	4-5	2-3
7	Hired help	10	8-9	6-7	4-5	2-3
Avoidance Coping						
8	Avoiding	43-50	35-42	27-34	19-26	10-18
9	Spiritualizing	17-20	14-16	11-13	8-10	4-7
10	Reaction Formation	15	12-14	9-11	6-8	3-5
11	Displacement	32-35	26-31	20-25	14-19	7-13

Mean percent was calculated from obtained raw scores and further converted in to interpret in 5 different categories for Life satisfaction and Stress. The total score of each aspect was calculated, converted into mean percent and interpreted as give below.

Table 3.5: Ranges of Mean Percent

S. No.	Aspects	Ranges of Mean Percent				
		Very High	**High**	**Moderate**	**Low**	**Very Low**
1	Life Satisfaction	80 and above	65-79	50-64	35-49	20-34
2	Level of Stress	80 and above	65-79	50-64	35-49	20-34

Stage: III: - In this stage on the basis of analysis of finding of above test "Family Support Intervention Package" was developed. The intervention consists of simple, gentle and comfortable activities that are quite suitable for the aged elderly.

Table 3.6: Intervention was planned in following phases

Phases of Intervention	Description of Intervention	Methods	Intervention designed for	Mode of Intervention	Expected Time
Phase:1	1. Visit to selected Subjects	Direct Contact/ Home Visit	Son/ Daughter Daughter-in-law/ Son-in-law/ Caretaker	Individual/ family	5 to 7 Days
	2. Rapport building	Direct Contact/ Home Visit	Son/ Daughter Daughter-in-law/ Son-in-law/ Caretaker	Individual/ family	5 to 7 Days
Phase:2	3. Selecting the Site, Date and Time for the Intervention	Direct Contact/ Home Visit	-	Individual/ family	2 to 4 Days
	4. Determining Intervention Strategies	Planning and Revision of intervention	-	-	5 to 7 Days
	5. Forming the intervention team	Direct Contact/ Home Visit/ Telephonic Conversation	the team	Individual	10 to 15 Days
	6. The Intervention Rehearsal	Practicing the content	-	-	4 to 7 Days
Phase:3	7. **Intervention on dimension of health management i.e.** topics on Nutrition, Coping with diseases, Maintenance of Physical health and fitness through Exercise/Yoga, Acupressure and massage	Direct Contact/ Interview/ Demonstrations	Son/ Daughter Daughter-in-law/ Son-in-law/ Caretaker	Individual/ family	8 to 15 Days

Phases of Intervention	Description of Intervention	Methods	Intervention designed for	Mode of Intervention	Expected Time
Phase:4	8. **Decision Making on issues like** Finance, Legal rights of senior citizens, House for aged, Use of technology for self-benefit	Direct Contact/ Demonstrations/ Interview and lecture of policy Professionals, legal Professional and architectural Professionals	Son/ Daughter Daughter-in-law/ Son-in-law/ Caretaker	Individual/ family	8 to 15 Days
Phase: 5	9. **Socio-Emotional And Psychological Management will include topic on** Stress management, Boosting low self-esteem, Nurturing the social networks through social games, expression of views, Movie shows etc. Encouraging Familial relationships	Lecture and Audio-Visual Presentations/ Interview and lectures from experts/ social games/ Visits	Son/ Daughter Daughter-in-law/ Son-in-law/ Caretaker	Individual/ family	10 to 15 Days
Phase:6	10. **Evaluation of Package Delivered**		Son/ Daughter Daughter-in-law/ Son-in-law/ Caretaker	Individual/ family	10 to 15 Days

Stage: IV: After development of package, intervention was given through above methods to the elderly spouses and their children to improve upon their life satisfaction for a period of six months.

During the process of intervention the respondents were encouraged to discuss the needs and adjustment problems in families with elderly parents. The strategies used for communication and expression with respondents were discussions and quoting examples from life experiences. Experiences sharing technique helped the daughter's-in-law and granddaughters' to overcome their hesitations and discuss their issues of non adjustment with elderly parents in their families.

Data collection and Analysis phase II

Assessment of the intervention (Post test)

After intervention post test was conducted for the same respondents with the similar Life Satisfaction Scale as was used for the pretest. After providing necessary instruction to the respondents assessment was conducted in the similar format as for pre test. Life satisfaction was assessed in the same pattern as was used for the pre test to explore the effectiveness of the interventional packages was done.

Data Analysis

The data entry and data cleaning was performed. Data was analyzed in terms of mean percent.

Scores of pretest and post test were subjected for data analysis. The data was analyzed in terms of mean percentage. A Paired t-test was applied to detect a statistically significant difference in the mean percentage scores obtained in the pretest and the post test.

Paired t-test was used to compare the pre and post test level of life satisfaction after implementing family intervention package. Paired t-test (or what is known as difference test) for judging the significance of the mean of difference between the two related samples. Paired t-test is a way to test for comparing two related samples, involving small values of n that does not require the variances of the two populations to be equal, but the assumption that the two populations are normal must continue to apply. For a paired t-test, it is necessary that the observations in the two samples be collected in the form of what is called matched pairs i.e., "each observation in the one sample must be paired with an observation in the other sample in such a manner that these observations are somehow "matched" or related, in an attempt to eliminate extraneous factors which are not of interest in test." Such a test is generally considered appropriate in a before-and-after-treatment study.

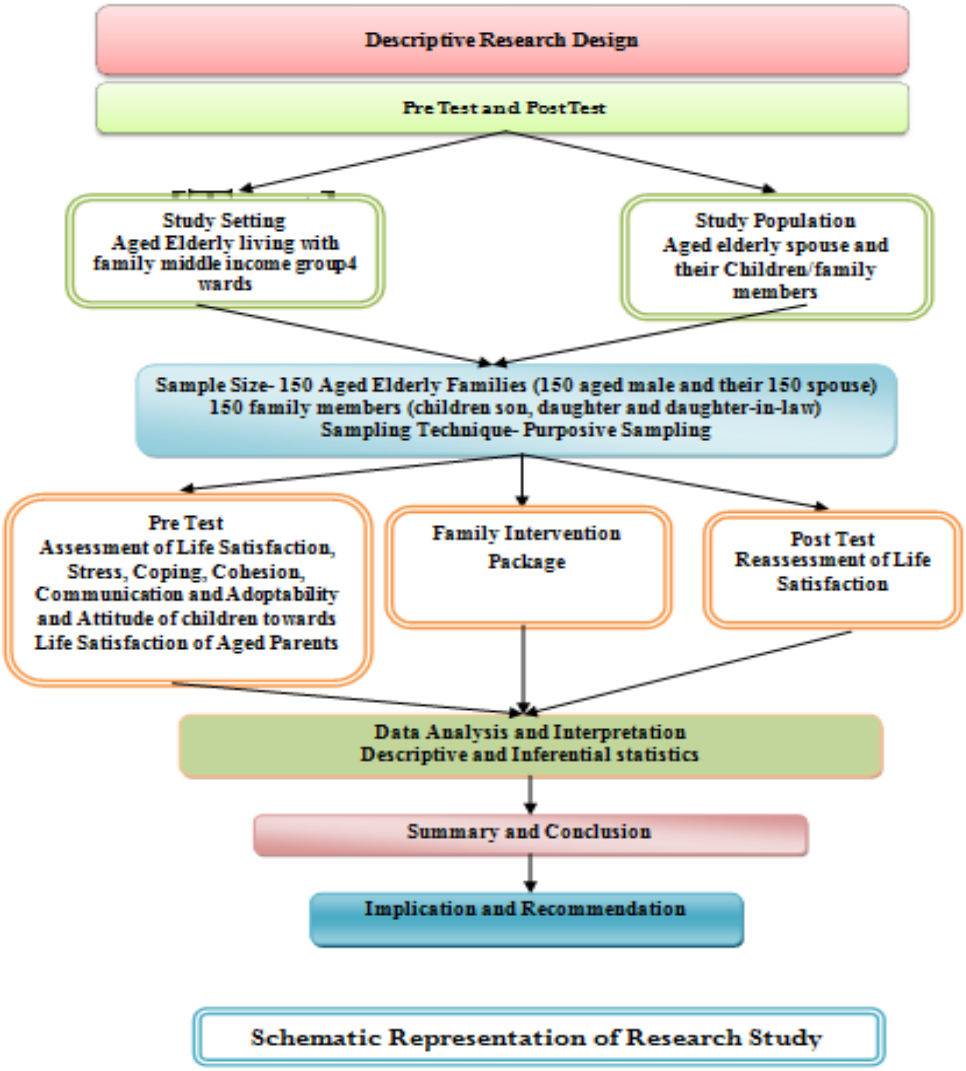

Descriptive Research Design
Pre Test and PostTest
Study Setting
Aged Elderly living with family middle income group4 wards
Study Population
Aged elderly spouse and their Children/family members
Sample Size- 150 Aged Elderly Families (150 aged male and their 150 spouse)
150 family members (children son, daughter and daughter-in-law)
Sampling Technique- Purposive Sampling
Pre Test
Assessment of Life Satisfaction, Stress, Coping, Cohesion, Communication and Adoptability and Attitude of children towards Life Satisfaction of Aged Parents
Family Intervention Package
Post Test
Reassessment of Life Satisfaction
Data Analysis and Interpretation
Descriptive and Inferential statistics
Summary and Conclusion
Implication and Recommendation
Schematic Representation of Research Study

Fig. 3.2: Schematic Presentation of Research study

Chapter-IV

RESULTS AND DISCUSSION

This chapter highlights the results of research variables along with relevant discussion on life satisfaction, stress and coping of aged and interprets the results obtained. A descriptive study was undertaken among aged elderly in Kanpur city of Uttar Pradesh. Information was collected from 150 families (150 aged elderly women and 150 aged elderly men) from urban area. The chapter has been classified under the following sections-

4.1 Percentage distribution of the selected elderly samples for background variables

4.2 Percentage distribution of selected elderly samples for assessment of life satisfaction, stress and coping.

4.3 Development and validation of Intervention package for family members, caretakers and aged to ensure life satisfaction, stress and coping of aged

4.4 To intervene 'Family Support Intervention Package' to enhance Life Satisfaction among elderly

4.5 To utilize professionals help to support effectiveness of 'Family Support Intervention Package'.

4.6 To enhance cohesion, communication and adoptability among family members to minimize breakdown in family system.

4.7 Impact of package on Intervention package for family members and aged to ensure life satisfaction.

4.8 Attitude of Family Members Towards Life Satisfaction, Stress and Coping Strategies of their elderly Parents

SECTION I

4.1 Percentage Distribution of the Elderly Sample for Background Variables.

The study was undertaken among the elderly people in Kanpur Nagar of UP. Information was collected from 150 aged elderly female and 150 elderly male from urban area. So this section deals with the general information of the respondents like age, their family background information education, degree of financial dependency, Heath problems and Occupation. The ensuing section provides the analytic presentation of the data for each specific familial background variable studied. The complete information is given in Table 4.1

Age:

The data in Table1, presents that majority (77.33%) of aged women as well as men (66.66%) were in the age group of 60-65 years followed by in 65 to 70 years (20 % male and 16% female). Therefore, it is inferred that both the respondents had more or less same age distribution.

Table 4.1: Frequency and Percentage distribution of aged elderly for selected background variables

(N=300)

S. No.	Background variable	Category	Male (n=150)		Female (n=150)		Aged elderly (N=300)	
			Frequency	%	Frequency	%	Frequency	%
1.	Age	60-65 years	100	66.66	116	77.33	216	72
		65-70 years	30	20	24	16	54	18
		Above 71 years	20	13.33	10	6.66	30	10
2.	Education	Illiterate	7	4.66	38	25.33	45	15
		Primary	27	18	56	37.33	83	27.66
		High School	35	23.33	25	16.66	60	20
		Intermediate	43	28.66	21	14	64	21.33
		Graduates	30	20	10	6.66	40	13.33
		Post Graduates and Above	8	5.33	0	-	8	2.66
3.	Source of Income Merge	Pension	84	56	12	8	96	32
		Business	66	44	44	29.33	110	36.66
		no source	0	-	94	62.66	94	31.33
4.	Heath Problems	Present	116	77.33	128	85.33	244	81.33
		Absent	34	22.66	22	14.66	56	18.66
5	Degree of Financial Dependency	Partially dependent	44	29.33	39	26	83	27.66
		Fully dependent	0	-	94	62.66	94	31.33
		Independent	106	70.66	17	11.33	123	41

4.1.1. Education:

Further probing into the table related to educational profile of the aged revealed that majority (37.33%) aged women were educated up to primary level while maximum (28.66%) aged man had educational qualification up to intermediate. while a miniscule (4.37%) were illiterate in case of aged men. See table for details.

4.1.2. Source of Income

It is apparent from the data in the table given above that majority (62.66%) of aged women had no source of income because they never employed or worked in their life years for earning and because of this they were compelled to depend on family to meet the financial needs. However, majority (56%) of aged men were dependent on their pension for family expenses followed by slightly less (44 %) who mentioned that their source of income was current business as well as saving from past business.

4.1.3. Heath problems:

The aged are one of the most vulnerable and high-risk groups in terms of health issues.

The respondents were asked about their health status, whether they were suffering from any type of diseases or illness. The captured data revealed that 81.33 per cent of the respondents had health issues and they expressed the most common health problems were eye problem, hearing, joint pains, weakness, heart complaints, asthma, urinary problems and others.

4.1.4. Degree of Financial dependency:

In general older persons face financial hardship because either due to not in a position to earn their livelihood or limited capacity of earnings. Their savings, if any, are not enough to meet their day to day needs, particularly the medical expenses. Usually they deprive from getting support from family members and relatives due to their vulnerability. Based on the income levels of the respondents, the economic status of the respondent has been categorized into three like, economically independent, partially dependent and fully dependent. The data of the study as per the information provided by aged elderly revealed that majority (70.66%) aged men were not dependent on others for monetary assistance as they had their regular source of income either from pension or saving etc. However, more than half aged women (58.75%) were found to be dependent on others for financial needs as they mentioned that they were supported by their spouses, own children and close relatives.

Table 4.2: Size of Family

S. No.	Number of family members	f	Percentage
1.	Up to 5	19	12.66
2.	6 to 8	73	52.00
3.	9 and above	58	35.33
	Total	**150**	**100**

The data with regard to the size of the family showed that more than half (52%) of the respondents had 5 to 8 members followed by 35.33 per cent had more than 9 members in the family and meagre (12.66 %) had family size Up to 5 members.

Table 4.3: Religion of the Family

S. No.	Religion	Frequency	Percentage
1.	Hindu	139	92.66
2.	Muslim	9	6
3.	Christian	2	1.33
	Total	**150**	**100**

The analysis over religion of aged elderly reveals that around 92.66 per cent belonged to the Hindu religion and the respondents belonging to Muslim community was about 6 percent. Christians constituted only one percent of the sample.

4.2 Percentage Distribution of the Aged Sample for Assessment Life Satisfaction, Stress and Coping

4.2.1 Life satisfaction of aged men and women:

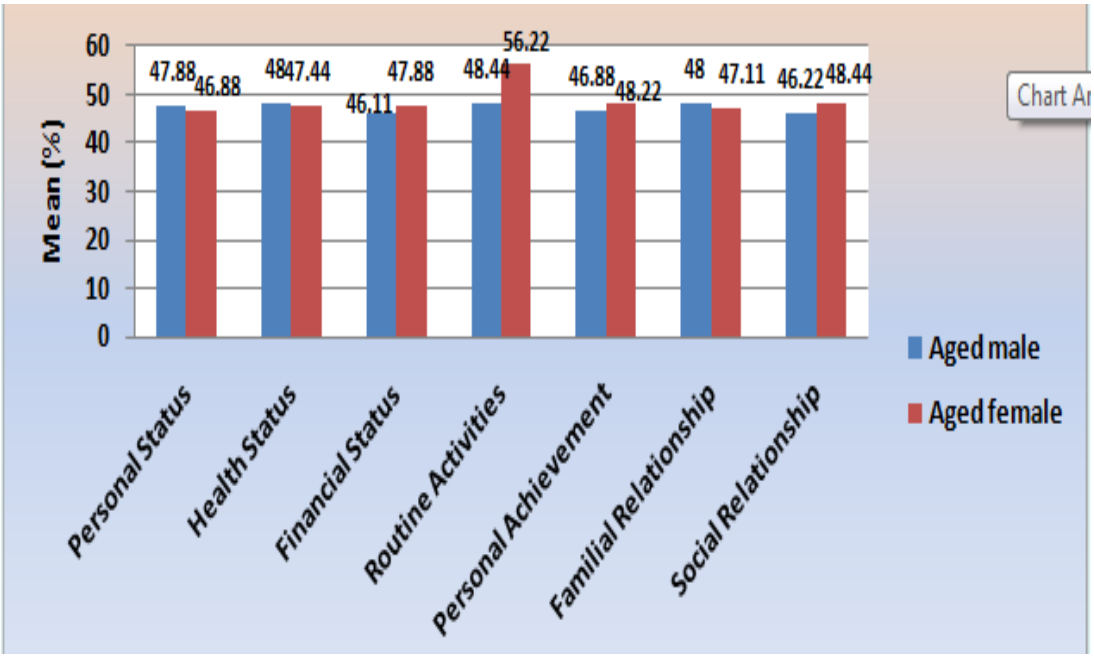
Life-Satisfaction is the way a person perceives life. It is a measure of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life. It is having favourable attitude of one's life as a whole rather than their present feelings. Life-Satisfaction has been measured in relation to economic standing, amount of education, experiences and the people's residence as well as many other factors. World Health Organization (1997), defines Life-Satisfaction as individual's perception of their position in life in the context of the culture and value systems in which they live, and in relation to their expectations and standards. Life-Satisfaction can be affected by the person's physical health, level of independence, social relationships and relationships to salient features of his environment. Data was gathered in order to know the life satisfaction of respondents with respect to various aspects like Personal,

health, financial, routine activities, personal achievement, familial relationship and social relationship.

4.2.1.1 Personal status

Life satisfaction among the elderly has become an important issue. Aging is usually associated with declining economic resources, decreasing cognitive ability, deteriorating physical health and weakening social support and these changes in life circumstances affect life satisfaction. Life-Satisfaction continues to be an important construct in the psycho-social study of aging. It is one of the commonly accepted subjective conditions of Quality of Life and seems to be one of the facets of successful aging, both of which are key concepts in aging. Research reports that Life-Satisfaction is strongly related to socio demographic and psycho-social variables (Iyer, 2003).

Data concerning to the life satisfaction of respondents with respect to Personal status revealed that aged elderly men(47.88%) as well as women(46.88%) had low satisfaction. They mentioned that they were experiencing low in self-identity, self-esteem and self-efficacy and reported reasons were their limited interactions with others, inability of family members and younger generation to adjust well with them and people around them interacts differently than when they were younger. The other reasons reported by them was inadequate ability to fullfill basic needs, unable to work independently which compelled them to depend on others thus affecting their self-esteem and self-efficacy.



Ranges: Low (2034), Very Low (35-49), Moderate (50-64), High (65-79), Very High (80 and above)

Fig. 4.1: Life satisfaction of aged elderly

4.2.1.2 Health status

The ageing process is characterized by physical changes. It is widely assumed, that a good physical health is imperative for life satisfaction in old age. It is important to acknowledge the changes that occur within us as we age. However, the chronic and often irreversible nature of health deterioration impacts Life Satisfaction which not only depends on care and treatment received by elderly but also depends on mental support from family. The data was gathered in order to know the Life satisfaction of aged men and women and obtained with respect to health status revealed that aged men well as of women had low life satisfaction with respect to their health status. The reason reported for the low satisfaction among aged was economic dependency on family members, lack of availability of support systems for medical treatment, lack of proper transport facilities and personal help, and responsibility of care of their spouses especially in case of aged women who were concerned for all things in patriarchal society for their spouses despite of having health issues. They also expressed that family members do take care of them when they face health related issues, there are many instances where children do not care for them and they are forced to manage the problem either on their own or with the help of their spouse this effects their self. They were of the view that accepting the changes and letting go of things that are out of control will reduce stress levels, awareness about health schemes, and getting support from family members to access health care services helps is crucial in preventing and maintaining health problems especially in old age.

4.2.1.3 Financial status

Financial well-being is a key determinant of one's life satisfaction later in life. The aged people experience financial constraint as they are not in a position to earn their livelihoods and also their savings are not enough to meet the medical expenses and other household responsibilities. Financial situation is another reality that the elderly face, mainly due to the reduction of personal income. Family support is inevitably crucial for elderly in India, mainly because of two reasons: Firstly, insufficient old age savings – this situation arises because earning capacity of working age, in most of the cases, is not sufficient enough to generate adequate savings for old age (Bhattacharya, 2005); and secondly, inadequate old-age social security from both government (Narayana, 2011), as well as, informal sector employer (Unni& Raveendran, 2007; Naik, 2009). The data concerning to life satisfaction of aged on financial aspect reveals that majority (46.11%) of aged women had low level of satisfaction with respect to their financial status as they mentioned that financial status is directly connected with financial dependence which can be seen in previous data in the study in which most of them had no source of income at their own and use to depend on family for

their needs. In the case of aged men maximum (47.11%) had low level of satisfaction as they reported that with meagre and limited income, either little or no savings , lack of sharing of their children in expenses on household responsibilities, medical expenses, children education and marriage etc. It difficult to manage which makes them dissatisfied. Aggarwal (2003) also reported that income level is directly related to the life satisfaction in such a way that aged people with high income have higher level of satisfaction and positive attitude towards aging than aged with lower income level. The findings are also supported by Maheswaran and Ranjit (2013) who focused on LS and influence of demographic factors on LS of the elderly people. Results indicated that majority of the respondents had low level of LS. Moreover, the demographic factors namely gender and habit of savings directly influences the level of LS of the elderly respondents.

4.2.1.4 Routine activity

Self-care activities include such basic functions as eating, dressing, bathing and the use of the toilet etc. Older people who are not able to manage daily life by themselves may have a different view of life satisfaction than those with preserved self-care capacity (Choudhary, 2013). Data was gathered to know about the level of life satisfaction with respect to routine activities and the captured data revealed that majority (56.22%)of the aged women had moderate level of life satisfaction in connection with activities of daily routine as they only required supervision while majority (48.44%) of aged men aged had low level of life satisfaction in context to their routine activities as they used to depend on others and required assistance from their children and grand children for their daily activities such as moving about inside the house, going to toilet, taking bath, washing clothes etc. The findings of the present study are supported by study done by Ansari &Dhakar (2014) who found that advancing age affects the activity pattern of elderly. As the age increases, the elderly become less active due to physical deterioration but support from caretakers resulted in moderate satisfaction for carrying out routine activity.

4.2.1.5 Personal Achievement

Life satisfaction (LS) is an important component of successful aging. However, it differs from person to person which depends on various factors. Some accomplish a sense of fulfillment and satisfaction in old age, while others turn harsh and hostile to the changes of old age and express unhappiness on the decline of their physical activities and changing socio-economic status. According to Erik Erikson's theory Ego integrity versus despair is the eighth and final stage psychosocial development. This stage begins at approximately age 65 and ends at death. It is during this time that we contemplate our accomplishments and can develop integrity if we see ourselves as leading a successful life. Erik Erikson believed if we

see our lives as unproductive, feel guilt about our past, or feel that we did not accomplish our life goals, we become dissatisfied with life and develop despair, often leading to depression and hopelessness. Success in this stage will lead to the virtue of wisdom. Wisdom enables a person to look back on their life with a sense of closure and completeness, and also accept death without fear. The captured data revealed that maximum 48.66 percent aged men had low level of life satisfaction on personal achievement as they mentioned some of the reasons that they were experiencing retirement as a negative event due to a decrease in income, loss of status and power, negligence of family members in decision making and lack of planning for future. Elderly expressed that no one needs them, all they have learned previously, and the whole experience becomes useless. Findings of the study are in line with study done by Yeh (2004) who pointed out that life satisfaction of elderly was positively correlated to the social support received by them which was in turn affected by their personal and professional achievement. Likewise the study by Ansari &Dhakar (2014) showed that aged living had low level of life satisfaction regarding their personal status. The reason for lower life satisfaction in personal self was due to inadequate ability of subjects to fulfill their needs, and to carry out their work which probably increased their dependency on others thus affecting their self esteem and their self efficacy. Moreover, the respondents felt that their importance amongst others had decreased which created a sense of incompleteness about themselves.

4.2.1.6 Family Relationships

The family systems have been influential in safeguarding the social and economic security of the elderly people in the country. However, due to the rapid changes the elderly people are likely to be exposed to emotional, physical and financial insecurity. Quality of family relationships and diversity of family structures is significant in shaping an individual's well being and it becomes even more important in old age as needs for care giving increase, social circle becomes less central in their lives and financial dependency on family members also impact on relationship. The obtained data revealed that majority (48%) of elderly men and slightly less (47.11%) had low level of life satisfaction with respect to their familial relationship and most of them reasoned that their home environment is not very conducive to stay happily as they mentioned that their children feel pressure and realized them as burden. Some of the other reasons were day to day conflict with daughter-in-law and children, reluctant attitude regarding needs and wants, non-involvement in decision making, clashes of opinion, lack of support and motivation for activities of area of interest feel them ignored and rejected and which in turns affect family relations adversely. The results can be explained in the light of findings of Jindal (2005) which reported that the aged who were facilitated with

familial care and support portrayed high satisfaction for their familial relationship and aged who were deprived for the same reported lower satisfaction.

4.2.1.7 Social Relationships

Satisfying social relationships were viewed as an attribute to aging well at both familial and community levels. Social relationships have powerful effects on individual's lifespan. Age-related changes also changes social roles. Individuals with richer networks of active social relationships tend to be more satisfied and happier with their lives. Social participation is a very valuable concept in old age since it is considered as one of the most important components of the elderly people' health, and a key component of many functional conceptual models in the elderly (Bukov et al, 2002). Several studies indicate that diseases, mortality, and quality of life of the elderly are related to their social participation (Levasseur et al, 2010). Maintaining social participation in late life has a positive influence on quality of life, psychological well-being and health. Continued social functioning is a commonly proposed domain of successful ageing (Bowling and Dieppe, 2005). According to World Health Organization (2002) inadequate social support is associated with an increase in mortality, morbidity, psychological distress and with a decrease in overall general health and well-being. Data was gathered to find out level of life satisfaction with respect to the social relationships and it was found that majority (48.44%) of aged elderly men and 46.22 percent women had low level of life satisfaction as they reported that they usually had less interaction in social circle, due to financial constraints/economic hardship and also due to limited mobility due to this they can't enjoy the same events and friendships they once did which makes them dissatisfied. Respondents explained their reduced social participation in terms of physical health problems that prevented them from moving around the neighbourhood. Specific problems mentioned included: arthritis, back problems, knee problems, restricted mobility, diabetes, hypertension, hearing and visual impairments etc. Older adults also expressed the link between physical difficulties and reduced social participation in terms of diminished energy levels, which made activities and outings more effortful. Some of the aged stated that reduced social participation was associated with the onset of time-consuming care giving duties at home, such as looking after a sick spouse or babysitting of grandchildren. In order to alleviate social problems, it is vital for the individuals to form a good circle of friends and interact with relatives, friends, caregivers and neighbours. The findings of the present study are in line with the results of Shyam and Devi (2006) and Das and Satsangi (2008) who observed a significant positive correlation between social support, life satisfaction and subjective well being among elderly Indians. It is perceived that deprivation of social setting is one of the major reasons of low level of satisfaction in the context of social relationship.

4.2.2 Assessment of stress of aged elderly

Ageing is coming up as one of the biggest challenge the world over. At any age, stress is a part of life, young and old alike have face difficult situations and overcome obstacles, with increasing age, people are more susceptible to physical, psychological, social and emotional problems. Stress and stress related problems have various effects on old age, their care giver and also in society. It may cause physical, mental, emotional and behavioral problems. Recently the studies suggest that the inability to adopt stress is associated with the onset of depression or anxiety. The most frequent stressful life situation that affect older adults involve health issues interpersonal, financial or work-related events, lack of social integration are common stressors, which cause physical and mental ill-health problems. The several changes in daily life resulting from the aging process, due to physical, mental or social alterations elderly subjects' experience, become a threat to bio psychosocial equilibrium, thus constituting a stress factor that is capable of stimulating behavioural and neuro-negative responses as an adaptation to stressor events (Yadav and Mishra,2016). Considering stress as a universal phenomenon that influences one's behaviour and often creates a threat or state of tension for well being, an attempt was made to study the level of stress on various aspects which include personal, health, financial, activity of daily routine, personal achievement, familial and social relationship aged elderly living with families. Keeping the above facts in view, it is necessary to assess the level of stress among aged elderly so that the result obtained would be useful to prevent the mental health issues in at its initial stages by appropriate stress management skills. The finding for the level of stress assessed is discussed in the figure.

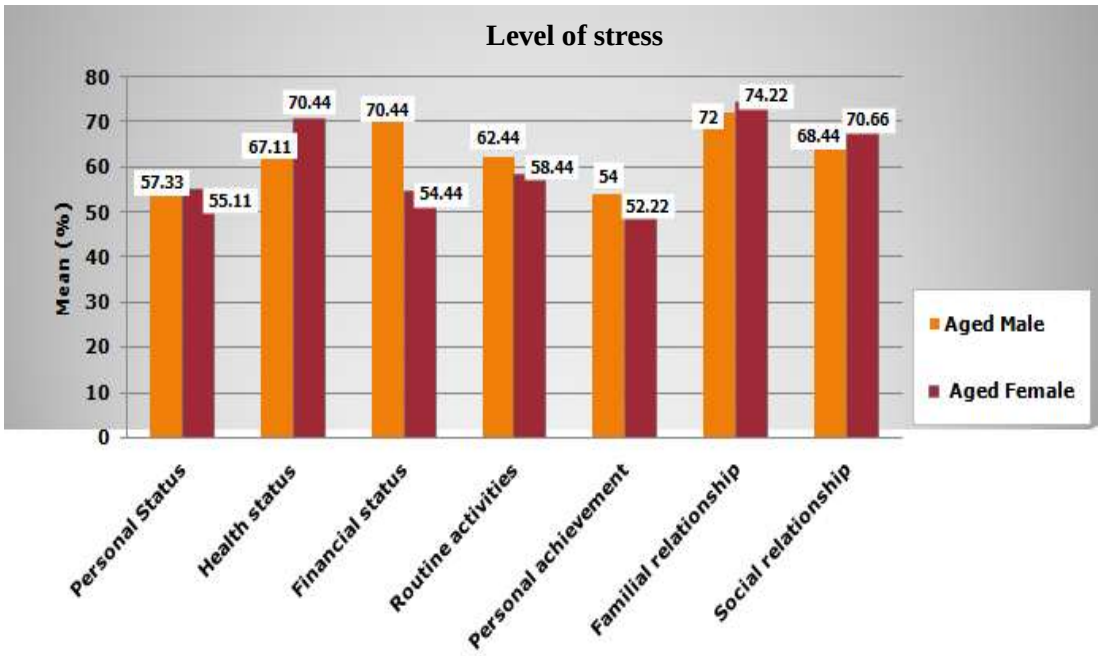
4.2.2.1 Personal Status

The data on stress clearly depicts that57.33 percent aged elderly men had high level of stress regarding personal status due to loss of physical abilities, loss of intellectual processes, loss of work role and occupational identification (Retirement), difficult to take quick decisions, worried about the future, lack of concentration, loss of intimate ties, and other acquaintances with their personal status. While most of the aged women (55.11%) had high level of stress and the reason for this could be accorded to the fact that with age women lack potential toper form household chores, looking after children , spouse and grand children which lowers their self-esteem, a sense of helplessness, self-blame and due to this they were not satisfied with their personal identity and had a totally pessimistic attitude towards self and further expressed that their life had totally turned worthless.

The findings also supported by (Sreevani, 2009) who reported about factors causing stress in old age may includes environmental stressors, physiological stressors, social stressors and life style changes of any kind. The outcome of this induced stress can be feeling

of insecurity, rejection, need for approval and inability to cope with changed circumstances. It was also found that interpersonal issues and organization issues also can induce stress which is supported by Singh R et al (2013) who in their study entitled "Psychosocial Problems: An Issue among the elderly in Kathmandu, Nepal" observed that 51% of elderly had moderate psychological problem .

It is also supported by the findings of 60 National Sample Survey (January–June 2004) which reveals that over 81% of the elderly confessed of having increased stress. Swarnalatha (2013) in her study observed that prevalence of depression among elderly is keep on increasing with age and it is highly prevalent among elderly who have crossed 80 years of age. With the advent of the nuclear family, urbanization, influence of western culture and changes of lifestyle there is no space for elders in the family and may go for institutionalization. Separation from or loss of assistance from their children makes them physically and emotionally neglected that lead to psychological problem like anxiety, depression, loneliness, feeling of insecurity, social isolation etc.



Ranges: Low (20-34), Very Low (35-49), Moderate (50-64), High (65-79), Very High (80 and above)

Fig. 4.2: Stress of aged elderly

4.2.2.2 Health Status

The old age is also associated with many health problems and difficulties and is regarded as physical and mental deterioration. There are significant individual differences in every aspect of life in old age. Health at old age is fully depend upon the life style, life style practices, habits, work life, family life which was lived during childhood, youth and

adulthood by individual and these life experiences will have positive or negative impact on individual health at old age (Kusuma,2015). The data depicted figure clearly reveals that elderly males with 70.44 percent were more likely to have high stress on poor health than elderly females (67.11%). The reason could be that they felt depleted of energy, prone to infection and frequent illness, financial constraints to treat illness if any, lack of support from their family and proper medical care hence experienced high level of stress with regards to health status. According to the, Global report on ageing in the 21st century observations made in India that there is multiple discrimination experienced by older persons, particularly older women, including access to jobs and health care, subjection to abuse, denial of the right to own and inherit property, and lack of basic minimum income and social security (**UNFPA & Help age international, 2012).**

4.2.2.3 Financial Status

Financial issues may be among the most difficult issues that seniors and their family caregivers face. Many situations complicate the financial lives of older adults and their loved ones. Financial status of older persons is directly linked with their financial independence. The financial security, social fulfilment and personal dignity are crucial which depends on well sound economic conditions. The data pertaining to stress of aged elderly on financial status depicts that majority (70.44%) of aged elderly men and aged elderly women (54.44%) had high level of stress as they found to be reported that due to decrease in income they have to cut out the expenses of household, their needs and wants, have to depend on others for curing their illnesses and facing difficulty in fulfilling the responsibilities of their unmarried, unemployed children on their own which becomes more difficult when there is lack of financial support. Weak financial status was constraint in hiring helpers and caregivers to overcome their problems and manage household chores in efficient manner. The present findings are line with earlier research by (Mathur, 2009) who revealed significant contribution of poor economic status on depression in aged women. This may be due to the fact that higher economic status aged women avail more and better resources and means to maintain life style and participate in more healthy and leisurely activities which influence their well being. Women in middle economic group spend more of their time in household activities. In sum, females are the worst sufferers due to lack of education and less stable economic base. A Study conducted by Agewell Foundation, India (2018) found that older persons, who have earned money with their hard work and efforts and have self-acquired net-worth, value of money matters most. Older persons with sound financial statuses live to the fact that

consumer are the king and tend to have good value for their money. It has also been observed that financially well-settled older persons prefer to utilize their purchasing power for sake of better life in old age.

4.2.2.4 Routine Activity

The age related disorders like depression determine the capacity for self-care as well as the ability to perform the daily tasks of life and also impose practical and emotional burden on the family members which may lead to heavy investment in domiciliary services (Chaudhury and Chakraborty, 2011). Data was gathered in order to know the level of stress with respect to routine activities and it was found that majority (62.44%) of aged elderly men had moderate level of stress in performing day to day routine activities due to limited physical abilities and illness which compelled them to frequently ask for support either from children or spouse to avoid any complications. However, at the same time they feel that they are disturbing their children's life which makes them feel unhappy and worried. About (58.44%) aged elderly women had moderate level of stress. It was expressed by women that they used to take care of self and others especially in early years but asking for help in performing daily activities make them anxious about their gradually declining potential due to ageing. It was also reported by Newsom and Schulz (1996) that with aging, person's dependence on family for doing daily tasks increases due to disorders in different systems of body, especially due to motion limitations. These factors can have many negative effects on the feeling of being good and also on the person's quality of life.

4.2.2.5 Personal Achievement

Aging is positively assimilated, leading to reorganization of life; for others, it is significantly damaging, affecting their psychic structure. These effects can manifest through feelings and symptoms like anxiety, depression, irritability, and general dissatisfaction resulting in a reduction in quality of life. Planning life by reorganizing one's time to include new experiences in family life, leisure activities, socio-community life, and even in a new job, provides a more objective way to deal with the frustrating conditions to which many elders are exposed. Lack of planning can cause anxiety and loneliness related to the difficulties of obtaining satisfaction and personal achievement after disconnecting from one's professional occupation (Rodriguez, 2005). Figure 4.2 clearly depicts that majority (54.44%) of aged elderly man and women (52.22%) had moderate level of stress regarding personal achievement as they reported they did not save enough money for future and because of this they could not fulfil their dreams as they thought especially for their family needs and wants.

Some believed that the basic reason was their inability to gain relationships with their near and dear ones.

4.2.2.6 Familial Relationships

The quality of family relationships, including social support (e.g., providing love, advice, and care) and strain (e.g., arguments, being critical, making too many demands), can influence well-being through psychosocial, behavioral, and physiological pathways. Stressors and social support are core components of stress process theory (Pearlin, 1999), which argues that stress can undermine mental health while social support may serve as a protective resource. Prior studies clearly show that stress undermines health and well-being (Thoits, 2010), and strains in relationships with family members are an especially salient type of stress. In our Indian society, old age has always been a cause of concern due to lack of power of social, economic and professional spheres, and its closeness to death but with changed family patterns and value system there is a drastic changes in the life style and living standards in the society as well as at home front. As aging population becomes more and more pronounced, the concern for mental health and well-being of older people is also increased (Tandon, 2017). Stressful family relationships and lack of family care precipitates the elderly's poor psychological well-being (Litwin and Shiovitz, 2006).

It is clear from the figure--that majority of aged elderly women (74.22%) and elderly male (72%) were highly stressed regarding their familial relationship as they reported that they feel negligence by their family members. Respondents had varied opinions for the stress as their daughter-in-law has not accepted them, and family members and difference in opinion realize them to be a burden since they could not help in household task. The weak emotional ties among family becomes and no longer remains the unit for providing emotional security, care and protection to the older persons but has become the arena for generating problems. The present study is also supported by a report by WHO (2012) in which it is quoted that the elderly are viewed as less energetic and less valuable by potential employers. This attitude serves as a social divide between the young and old and can prevent older men and women from fully participating in social, political, economic, cultural, spiritual, civic and other activities. The results of the study are supported by the study conducted by Bhatia (2002). He stated in his study that the aged values and the desire are neglected a lot and they left to lead a woeful life. This trend is also fuelled mainly due to growing cost of living, widening of generation gap, erosion of moral values and the desire of younger generation to live an independent life. High level of stress was observed for aged men and women due to their

inability to have played their role perfectly in earlier part of life. This was observed to be mainly due to economic reasons, clashes of opinion between two generations, and structural changes in the family which resulted in the rejection or neglect of the aged.

4.2.2.7 Social Relationships

Social participation is a very valuable concept in old age since it is considered as one of the most important components of the elderly people's health (Levasseur et al, 2010), and a key component of many functional conceptual models in the elderly (Bukov, 2002). The obtained data in figure- clearly revealed that maximum (70.66) of aged elderly women and more than half of aged men (68.44) had high level of stress regarding their social relationship. They perceived that their lives have been confined to homes and they are lonely as they miss the regular interaction and sharing with people which has been declined gradually. The underlying reason for this might be structural isolation, disengagement, lack of role in the society, lack of friends and irreversible losses of their roles and responsibilities. Thus, it can be said that being cut off from social strata was the reason for poor satisfaction among aged men and women. The present study is also supported by (Prasad, 2017) who mentioned in his article that older people suffer social losses greatly with age. Their social life is narrowed down by loss of work associated, death of relatives, friends and spouse and weak health which restricts their participation in social activities. The home becomes the centre of their social life which gets confined to the interpersonal relationship with the family members. Due to loss of most of the social roles they once performed, they are likely to be lonely and isolated severe chromic health problem enable them to become socially isolated which results in loneliness and depression.

4.2.3 Assessment of coping strategies of aged men and women:

Older persons have different ways of coping with their losses and changes in life. Coping strategies can be defined as "the cognitive and behavioral efforts required to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus and Folkman,1984).People react to different stressors with their own cluster of defense mechanism or coping skills. With the increasing age the perception and outlook of an individual changes, this is their protective mechanism of dealing with the strains and stress which they experiences. Coping for elderly persons is different from coping for people of other age groups, as stressors also change with age. While young adults experience more stress in areas related to work, their finances, home maintenance, their personal life, family, and friends; the elderly tend to experience stress related to the

limitations of aging (Cavanaugh Blanchard,2011). There are many ways to categorize coping strategies. One of the most commonly used categories is active coping versus passive or avoidant coping (Carrico et al., 2006). Coping is classified, depending on the orientation of the efforts, as problem-centered coping (directed toward resolving the problems) and emotion-centered coping (focused on managing emotions), or, depending on the nature of the aforementioned efforts, as active coping/approximation (aimed at resolving, minimizing or re-evaluating the problem) or passive coping/avoidance (avoidance of the problem) (Del-Pino et al 2011.).

In this section, the different coping strategy used by the respondents is presented. The finding reveals coping strategies of aged population.

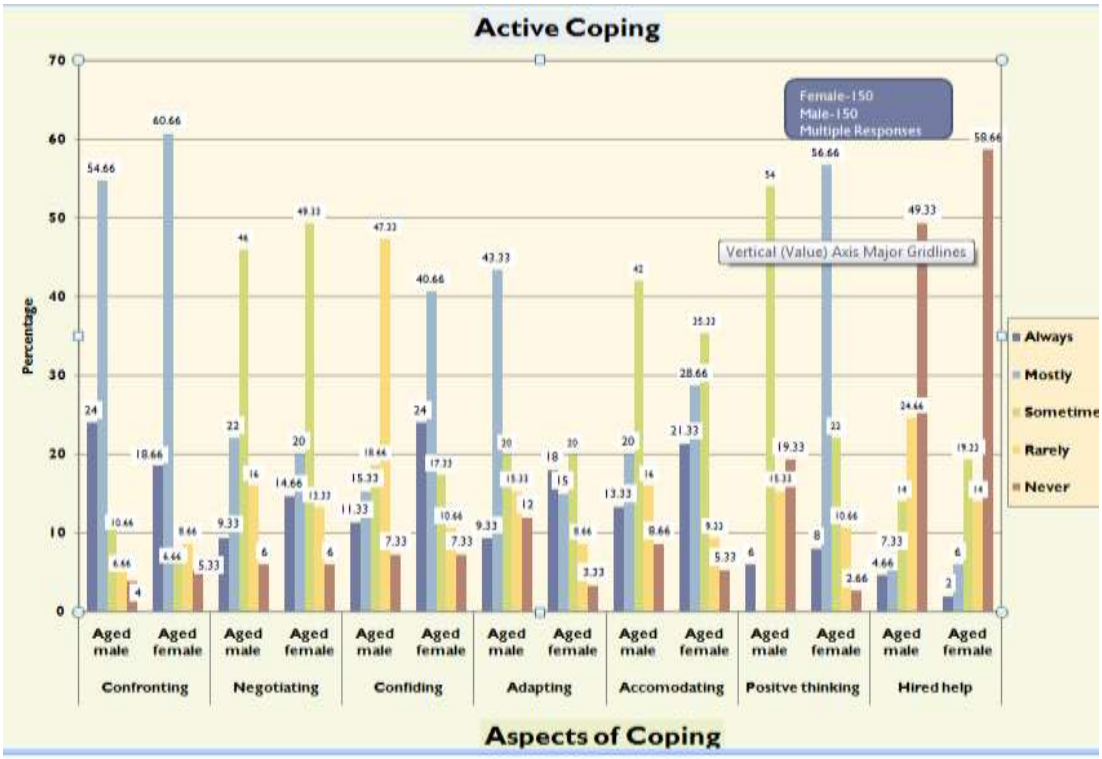


Fig. 4.3: Coping strategies of aged elderly

4.4.3.1 Aged Elderly and Active Coping

Active coping efforts are aimed at facing a problem directly and determining possible viable solutions to reduce the effect of a given stressor (Folkman & Lazarus, 1984). In active coping, idea is directed towards gaining control over one's problem. Besides, this could be a move to change an unfavourable condition, dealing with one's emotions through seeking beneficial information or by avoiding the situation from taking control over one's life. This is done by seeking for something else to do or by socializing with people (Windsor 2009, p. 874; Cohen et al. 2011, p. 224).With reference to active coping strategies majority (60.66%)

of aged elderly women mostly used to prefer confront and slightly less (56.66%) always were maintaining a positive outlook to overcome stress. Whereas majority aged males (54.66%) confront mostly and used positive thinking sometimes. About 58.66 percent women and 49.33 percent men never used to hire help for personal care like grooming, household chores, cooking, cleaning, laundry, marketing, for assisting in medical treatment/checkups which can relieve some of the tasks they are responsible for, freeing them to have some time for self and can help to preserve relationship as they expressed they were compelled to sustain on limited income and hiring help either by paying or in other form of incentive may which not only disrupt their entire budget but also a cause of stress. The data revealed that slightly more females (49.33%) than males (46%) were used to negotiate. 47.33 % used to confide rarely while 40.66 percent females confide mostly. Mostly 43.33 percent aged Male adapted the situation while on the other hand 20 percent females sometimes adapted to the situation. Accommodation strategy was slightly less followed by both males (42%) and females (35.33%). Mostly females (56.6%) were found keep positive thinking even during stress period while more than half of the males (54%) sometimes keep positive thinking at the time of stress situation to overcome their stress. As far as hiring of help is concerned 49.33% and 58.66% females never hired any help to get relief from their stress.

4.2.3.2 Aged Elderly and Avoidance coping

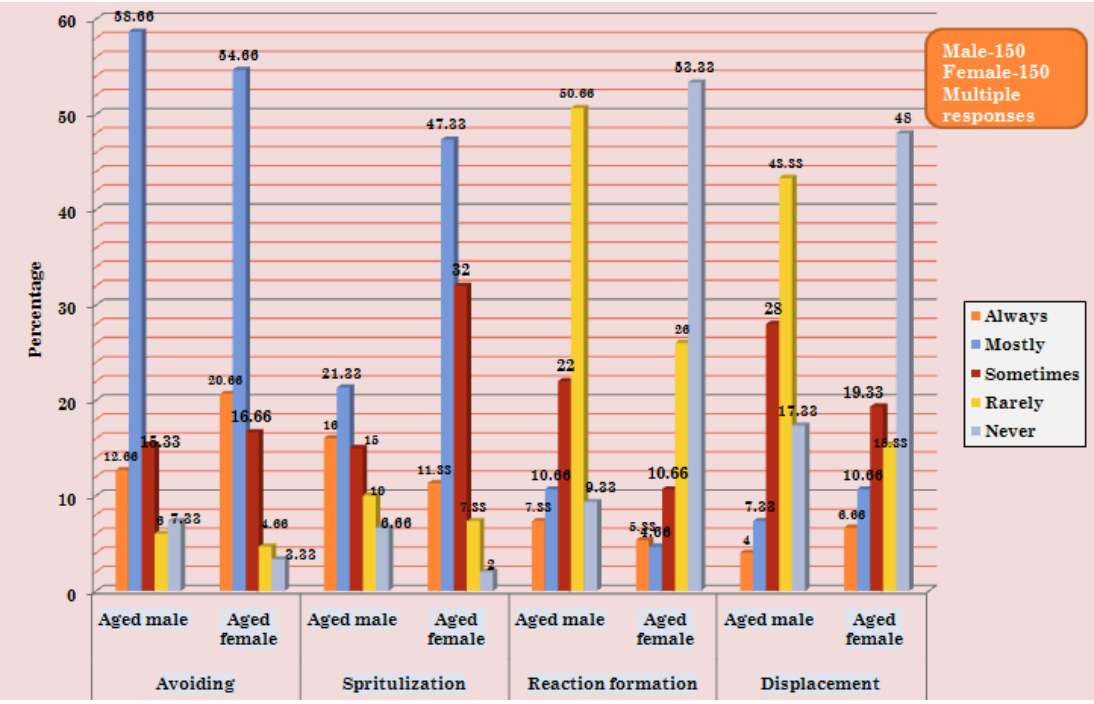


Fig. 4.4: Aspects of avoidance coping

Passive or avoidant coping refers to behaviors that seek to escape the source of distress without confronting it (Folkman & Lazarus, 1984). Figure 4.4 clearly shows that majority 58.66 percent of aged male and female mostly avoid stressful situation by suppressing or rejecting the experience of certain kinds of thoughts that make them stressful. Data clearly reveals that majority of aged women and slightly less men (53.33%) of aged mostly used to avoid stressful situation by never expressing the negative emotions of anger and unhappiness during stress followed by 43.33 of aged male who rarely used displacement which involves taking out their frustrations, feelings, and impulses on people or objects that are less threatening to them. However, 47.33 aged female and very few 21.33 per cent of aged male engaged themselves in religious activity/ practice, worship and prayer which is helpful in buffering their stress and negative outcomes.

4.3 Development of Family Support Intervention Package to enhance Life Satisfaction

Old age is a sensitive phase; elderly people need care and comfort to lead a healthy life without worries and anxiety. The belief that children will take care of the parents in the old age is eroding in India where the family size has been cut down as a result of demographic process (Dandelkar,1996). The situation in urban areas shows a rejection of older people by the next generation and this is spreading to rural areas (Desai,1985). Changing dynamics that starts within the family and society can make the elderly insecure (Alter G et al, 1996) through intergenerational imbalance (Harevene and Adamas, 1996).

According to 2011 census, more than 10 million elderly are living exclusively with the elderly member of their family. The family support which also indicates support from young able-bodied persons is lacking. With shrinking kin network, they are losing their traditional support making them more vulnerable (Rajan et al., 2001; Hermalin et al., 2007). Lack of awareness regarding the changing behavioral patterns in elderly people at home leads to conflict in family. Understanding their needs and concerns, will ensure their good health. Lending an emotional support to the elders keep them jovial, which is inevitably the ideal way to live a healthy life. Family must become main supporter for elderly in maintaining better quality of life. Their role towards elderly must be caring, motivating, maintaining and increasing mental status, anticipating socioeconomic change and facilitating spiritual needs (Padila, 2013). However, every family has its own dynamics. Some families don't provide excess protection to the elderly so it physically and mentally disadvantage them directly or indirectly. However, for many people, providing care and attention to elders is not possible due to variety of reasons.

Table 4.3.1: Details of activities conducted during intervention

Description of Intervention action Taken	Intervention Given By	Method/Tools Used	Resource material	Time Spend
1. Intervention on dimension of health management			Developed and Referred	Total Days=08
a. Nutrition and Balanced diet	Researcher	**lecture/** Interview/ Demonstrations		01
	Dietician			01
b. Coping with diseases	Researcher	**lecture/** Interview/ Demonstrations		01
	Doctor			01
c. Yoga/Exercise	Researcher	**lecture/** Interview/ Demonstrations		**01**
	Yoga Instructor			**01**
d. Acupressure and massage	Researcher	**lecture/** Interview/ Demonstrations		**01**
	Acupressure Instructor			
2. **Decision Making**			Developed and Referred	Total Days=08
a. Financial management	Researcher	Interview and lecture		**01**
	Banker	Banker/ Insurance policy Professionals,		**01**
b. Legal rights of senior citizens	Researcher	Interview and lecture		**01**
	Lawyer	legal Professional		**01**
c. House for aged	Researcher	Interview and lecture		**01**
	architectural Expert	architectural Professionals		**01**
d. Use of Mobile and Internet Use	Researcher	Interview and lecture		**01**
	Computer and Mobile Expert	Computer and Mobile App Instructor		**01**

Description of Intervention action Taken	Intervention Given By	Method/Tools Used	Resource material	Time Spend
3. Socio-Emotional And Psychological Management			Developed and Referred	Total Days=12
a. Stress management	Researcher	Lecture and Audio- Visual Presentations/ Interview and lectures		**01**
	HDFS Expert	Lecture and Audio- Visual Presentations/ Interview and lectures from experts		**01**
b. Boosting low self-esteem	Researcher	Lecture and Audio- Visual Presentations/ Interview and lectures		**01**
	HDFS Expert	Lecture and Audio- Visual Presentations/ Interview and lectures from experts		**01**
c. Nurturing the social network of aged	Researcher	Lecture and Audio- Visual Presentations/ Interview and lecture		**01**
	HDFS Expert	Lecture and Audio- Visual Presentations/ Interview and lectures from experts		**01**
d. Clubs for senior citizens	Researcher	Lecture and Audio- Visual Presentations/ Interview and lectures		**01**
	HDFS Expert	Lecture and Audio- Visual Presentations/ Interview and lectures from experts		**01**
e. Familial relationship	Researcher	Lecture and Audio- Visual Presentations		**02**
f. Role Play and movie shows	Researcher	Play of Nukkad Natak and A/V aids		**02**

4.3.2. EVALUATION OF INTERVENTION BY AGED AFTER COMPLETION OF EACH SESSION:

After Completion of Each Session, a evaluation proforma, was given to all participant in intervention to understand the impact of intervention made each day by research and other experts. At the end mean score was calculated to find the effect of dissemination of intervention was acceptable to everyone. the package delivery for each topic was assessed for language of the intervention, clarity in the intervention topic, format of the intervention topic, length of the intervention Topic, Appropriateness of terminologies used in intervention topic and overall quality of the intervention topic. five point rating scale – excellent, very good, good, fair and poor. A score 5 was sought for 'excellent', 4 for 'very good', 3 for 'good', 2 for 'fair' and 1 for poor rating. For quality ranking of scales on the basis of technical assessment mean scores were computed for selected parameters.

Consequently mean scores for the ranking of package were as follow:

Poor : 1 – 1.8

Fair : 1.9- 2.6

Good : 2.7-3.4

Very Good : 3.5- 4.2

Excellent : 4.3 – 5

4.3.3. Description of intervention action

Description of Intervention action Taken	Intervention Given By	Mean score Calculated for Each Intervention delivered
4. Intervention on dimension of health management		
a. Balanced diet	Researcher	4.0
	Dietitian	4.5
b. Coping with diseases	Researcher	4.0
	Doctor	4.3
c. Yoga	Researcher	3.8
	Yoga Instructor	4.0
d. Acupressure and message	Researcher	3.9
	Acupressure Instructor	4.4

Description of Intervention action Taken	Intervention Given By	Mean score Calculated for Each Intervention delivered
5. **Decision Making**		
a. Financial management	Researcher	4.0
	Banker	4.5
b. Legal rights of senior citizens	Researcher	4.0
	Lawyer	4.3
c. House for aged	Researcher	3.8
	architectural Expert	4.0
d. Use of Mobile and Internet Use	Researcher	3.9
	Computer and Mobile Expert	4.4
6. Socio-Emotional And Psychological Management		
g. Stress management	Researcher	4.0
	HDFS Expert	4.5
h. Boosting low self-esteem	Researcher	4.0
	HDFS Expert	4.3
i. Nurturing the social network of aged	Researcher	3.8
	HDFS Expert	4.0
j. Clubs for senior citizens	Researcher	3.9
	HDFS Expert	4.4
k. Movie shows	Researcher	4.0
l. Role Play	Researcher	4.5

4.3.4 Need for the Intervention

The intervention programme was planned on the basis of the identified needs of elderly and their adult children and grandchildren who are living under same roof. Based on the findings, that aged parents look after their needs themselves even though their children live with them. From their children's point of view, it was observed that in some families children don't spend time with them because of their busy schedules, both at their work places and at home. Their growing children need more time than their parents and they are unable to spend time with them or listen to their experiences.

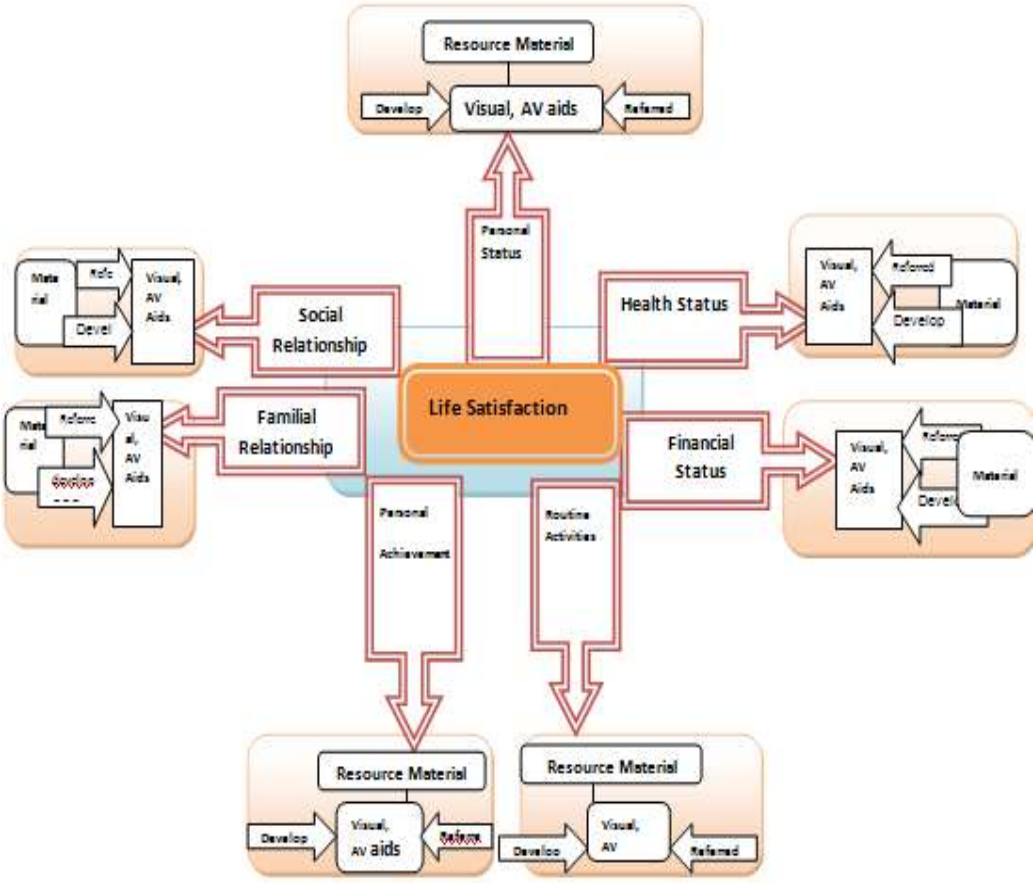


Fig. 4.5: Development of Family Intervention Package

So, the dynamics of interaction and belongingness within the family, community and society at large plays an instrumental role in ensuring well-being for aged elderly. In this connection an effort was made to organize the family intervention package by using Individual Approach and Group Approach by involving family members for aged elderly to enhance their Life Satisfaction.

4.4 To intervene 'Family Support Intervention Package' to enhance Life Satisfaction among elderly

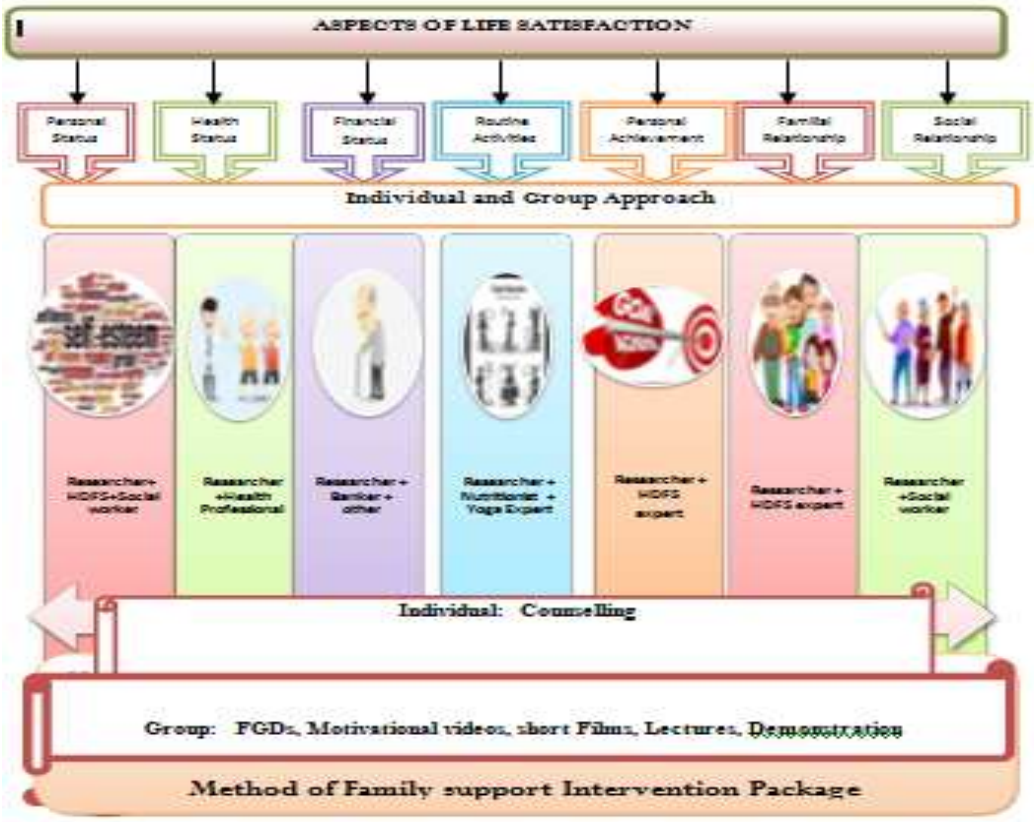


Fig. 4.6: Method for Intervention Package

An effort was made to organize the intervention programme in Kanpur Nagar by using Individual and Group Approach. An individual and group approach was selected for the elderly living with their families, from urban settings, keeping in mind the objectives and results of the study. Door-to-door strategy was applied in order to convey the messageof conducting an intervention programme for elderly and for their family members and also motivate them to come and share their experiences with the community. During the process of intervention the respondents were encouraged to discuss the needs and adjustment problems in families with elderly parents. The strategies used for communication and expression with respondents were discussions and quoting examples from life experiences i.e. Focused Group Discussion. Experiences sharing technique helped the daughters-in-law to overcome their hesitations and provides them platform to openlydiscuss their issues of non-adjustment with elderly parents in their families. The intervention consists of simple, gentle and comfortable activities that are quite suitable for the aged elderly.

Ethical Consideration

All participants were introduced to the intervention program. They were motivated to participate in the program. The participants involved in this study were assured for the protection of the privacy of the participants. The Interventional Packages were administered to aged elderly. All the activities were arranged most meaningfully and to avoid minimum wastage of time.

Researcher regularly asked about-the problems they were facing while working on the interventions. If they were not working on the prescribed schedule then what were the reasons behind that and in that case experts opinion was also taken for resolving problems. The feedback was taken on regular basis from the participants and required actions were taken to sustain the motivation level of participants.

4.5 Utilize Professionals Help to Support Effectiveness of 'Family Support Intervention Package

Experts from different fields who were involved in planning the family intervention package provided their valuable inputs by use of different methods for improving effectiveness of programme. Briefs of their inputs mentioned below.

4.5.1 Human development and Family Studies (HDFS) Expert

She spoke about that the relationship of adult children tends to shift towards well-being of aged parents. Depending on circumstances there are numerous dilemmas relating to finances, psychological issues, social, and healthcare, which can greatly impact on sense of well-being of children of aged parents also. The need to make difficult decisions can cause conflict and this can impact on other members of the family, such as on partner and children. She focused that talking about the challenges as a family can allow one understand and address problems. In some cases, it can be beneficial to seek professional help. She focused on elderly and as well as their family to develop a positive attitude towards old age to improve the intergenerational relations. She stressed that all members of the family must develop emotional ties, love and co-operation with each other. This can best be achieved by portraying the right image of old age among all the family members and the society through media and other sources. Sometimes aging parents resist care and this can lead to disrupt family relationship. She asserted to maintain balance between caring for your parent and maintaining your own well-being.

4.5.2 Health Professional

He covered the main factors that optimize successful aging, answered questions from the participants and encouraged the participants in the study to be concerned towards their

health which could substantially enhance the quality of life. He also focused the quality of life components and the factors that constitute quality of life for elderly people.

4.5.3 Nutrition Counsellor

The Nutritional Counsellor focused mainly on nutritional needs, challenges, and solutions. She discussed how the nutritional needs of the elderly are different from others. Thereafter, She talked about nutritional challenges faced by elderly and the related healthcare risks. She focused on the importance and necessity to maintain a healthy diet to support especially during medications. She advised aged elderly to consult doctors, or a registered dietician (RD), before making any major changes in diet. Doctor may suggest particular changes based on your health and the medications you are taking, and can advise you on whether or not to add vitamins or other supplements to your daily diet. She focused that combining an active lifestyle with a healthy diet is best recipe for healthy ageing.

4.5.4 Yoga Expert

He oriented aged elderly on yoga and told that aged can improve their flexibility and balance, enhance their strength and boost their mood. Further, he explained both long term and short term benefits of yoga to aged. He emphasized that regular exercise will make them feel energetic and will help them to manage several types of aches that come with aging. This will certainly help them to lead an independent life to some extent. Aged shared their problems related to health and yoga expert demonstrated some yoga accordingly. Further, he organized yoga in small group.

4.5.5 Financial Expert

Aging increases certain challenges and risks with financial management that they’re not prepared for. Expert dealing with financial issues discussed the experiences of aged regarding increasing difficulties managing their finances. He stated that due to declines in dealing financial ability aged elderly can easily be exploited by family, friends, and strangers. It’s important for families to get involved and help, make sure your loved ones stay in a good place financially as they age. Further, he explained and asked to follow some useful practical strategies for aged to prevent scams and frauds. He sensitized to family members that they have to concern about their aged parents as their parents raised them, loved them and provided financial security as they grow up. Now that you’re grown with a family of your own, the roles are reversed, and you're a caregiver to your aging parents. Family members make sure that they take advantage of any programs for which elderly are eligible. Family members need to take a more active role in managing their finances and retirement funds to financially secure during their senior years.

It is imperative for aged elderly to be digitally literate to get their needs met. Keeping this in mind digital technology expert delivered a session. Aged elderly during discussion revealed that they lack confidence or knowledge to take full advantage of technology. Aged mentioned that they hesitate to ask someone to instruct or guiding them on how to use today's technologies, so it's often too complex for them to understand on their own. Aged were provided awareness and demonstration at individual level as well as in groups so that they will be well versed in digital payments and other technology of day today use.

4.5.6 Social Worker

The tasks of social workers with older people are very varied and included work with their families. Social worker focused on the preservation or enhancement of functioning and of quality of life of aged elderly. He focused on what people can do and maximise both opportunities and quality of life in the context of their social system, their needs and their rights.

Table 4.5.1: Life satisfaction aspects covered by experts

S. No.	Expert	Life satisfaction Aspect
1	Human Development and Family Studies	• Family Relationship • Personal Status • Personal Achievement
2.	• Medical Officer • Nutritionist • Yoga Trainer • Nurse	Health Status
3.	• Banker • Insurance Agent • Computer expert • Lawyer	Financial Status
4.	Social Worker	Social Relationship

4.6 Cohesion, communication and adaptability among family members to minimize breakdown in family system

Table 4.6.1: Respects towards aged elderly

S. No.	Respect shown by the younger generation	Male		Female		Total	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1	Yes	128	85.33	139	92.66	267	89
2	No	22	14.66	11	7.33	33	11
	Total	150	100	150	100	300	100

Family cohesion has been defined as the emotional bonding that family members have toward one another (Olson, Russell, & Sprenkle, 1982). The strong emotional bonds measured by family cohesion are expected to promote family support. Indeed, familial cohesion, defined as the degree of togetherness or closeness or emotional bonding that family members have toward one another, was found to be correlated with interpersonal well-being and satisfaction in adults (e.g., Green, Harris, Forte, & Robinson, 1991a, 1991b). Satisfaction with family bonds, which is related to cohesion, reflects the extent to which the need for cohesion or closeness in family relations is generally satisfied. Research using this type of concept underscores the importance of familial experiences for individual well-being and mental health, yet deeper knowledge of this linkage is required, including which specific affective and social experiences of an individual, within and outside the family, go along with familial cohesion **(Vandeleur et al., 2009).** The capability of the aged persons to manage with the changes in health, income, social activities, etc. at the older ages depends to a great extent on bond between family members. The data furnished in Table clearly represents the level of the respect shown by the young generation to the elderly people which clearly show that the majority (89%) of the elderly people received sufficient respect from the younger generation. However, few (11%) of them were deprive of it and they expressed the reasons such as spending more and more time towards their aspirations, closely involved with their job, study and business, and busy lifestyle make younger generation unknowingly ignoring older people. Some of the aged were of view that younger generation think that they are back dated and always behave in sarcastic way which not only foster unhealthy interaction between these two generations but also cause poor attachment.

Table 4.6.2: Factors for building support system in family

S. No.	Factors building support system in family	Male		Female		Total	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1	Appreciation	43	28.66	34	22.66	77	25.66
2	Quality family time	89	59.33	101	67.33	190	63.33
3	Involve in decision making	69	46	56	37.33	125	41.66
4	Healthy communication	57	38	49	32.66	106	35.33
	Total	150	100	150	100	300	100

Most (63.33%) of the aged reported that spending quality time, such as mealtimes, talking and sharing things happened throughout the day builds and strengthen individual relationships followed by 41.66 percent who expressed that involving in decisions making together and considering their advice boost up self-confidence of aged elderly and strengthen bond between family members. About 35.33 percent reported healthy communication which includes respecting each other's viewpoints, allow to express needs, wants, problems and concerns to each other. Very few mentioned (25.66%) about showing appreciation of work done by each and everyone is a great way to strengthen family relationships.

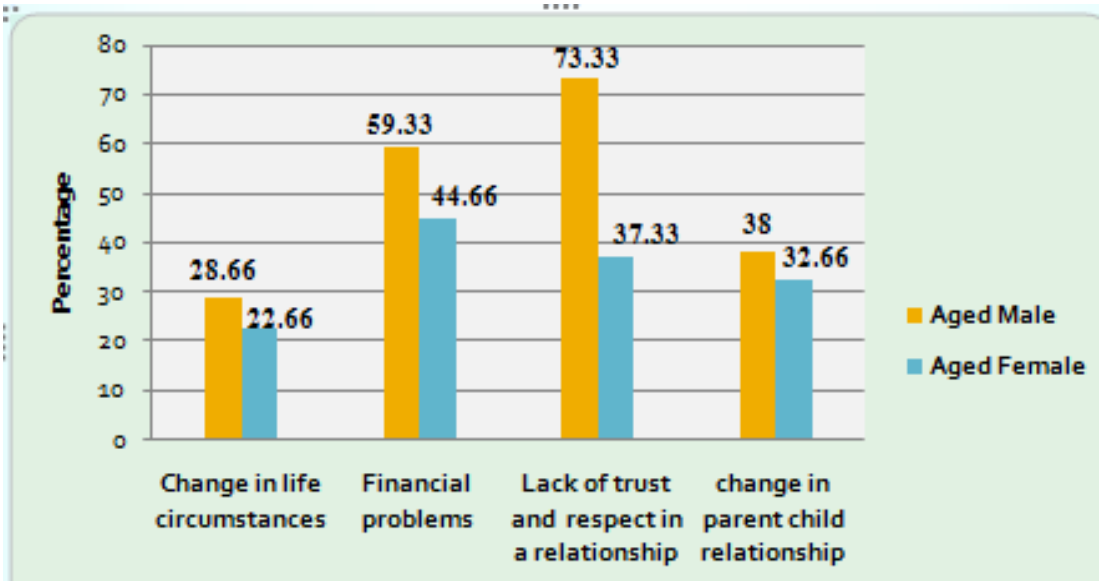


Fig. 4.7: Factors attributed to deterioration in family relationships

All families go through difficult times and experiences occasional problems. However, sometimes these problems occur recurrently which causes frequent arguing, disagreements, breakdown in communication, angry outbursts, avoidance etc. within the family members. Family problems can be triggered by differences in opinion, personalities, beliefs, values or goals for the future. An attempt was made to know the causes of deterioration in family relationship and it was reported by maximum aged male (73.33%) that absence of respect and lack of respect lead to conflict, hurt feelings and destruction of the family relationship followed by 59.33 percent aged male and female (44.66%) who mentioned that economic difficulties may foster conflicts between spouse and children because it becomes not only difficult to adjust with less money but also complicates making future plans for the family. Other reported reason by 38 percent males and almost equal females (37.33%) was change in parent-child relationship due to dependence on children which triggers family disputes.

Table 4.6.3: Care Received by Aged Elderly

S. No.	Care received by elderly	Age male		Aged female	
		Frequency	Percentage	Frequency	Percentage
1	Normal	121	80.66	133	88.66
2	Not cordial	29	19.33	17	11.33
	Total	150	100	150	100

In Indian society, family members are the main source of care and support to the old age people. Therefore, it becomes important to know, what are the opinions of selected old age people about the care and support they are getting by the family members. As per the information provided by the respondents in this context, 88.66 per cent of aged women and 80.66 per cent were receiving respectful treatment in the families and by the other relatives. However, rest reported that the treatment according to them by the family members and other relatives is not cordial.

Table 4.6.4: Neglected by family members

S. No.	Feel neglected	Age male		Aged female	
		Frequency	Percentage	Frequency	Percentage
1	Yes	43	28.66	29	19.33
2	No	107	71.33	121	80.66
	Total	150	100	150	100

The elderly requires physical, mental and emotional care and support. When they feel deprived of it, they suffer from neglect, a problem that occurs when a person is left uncared and that often causes isolation. The obtained data shows that majority (74%) of aged never faced negligence by their family members. However, 24 percent reported that they feel neglect in their homes.

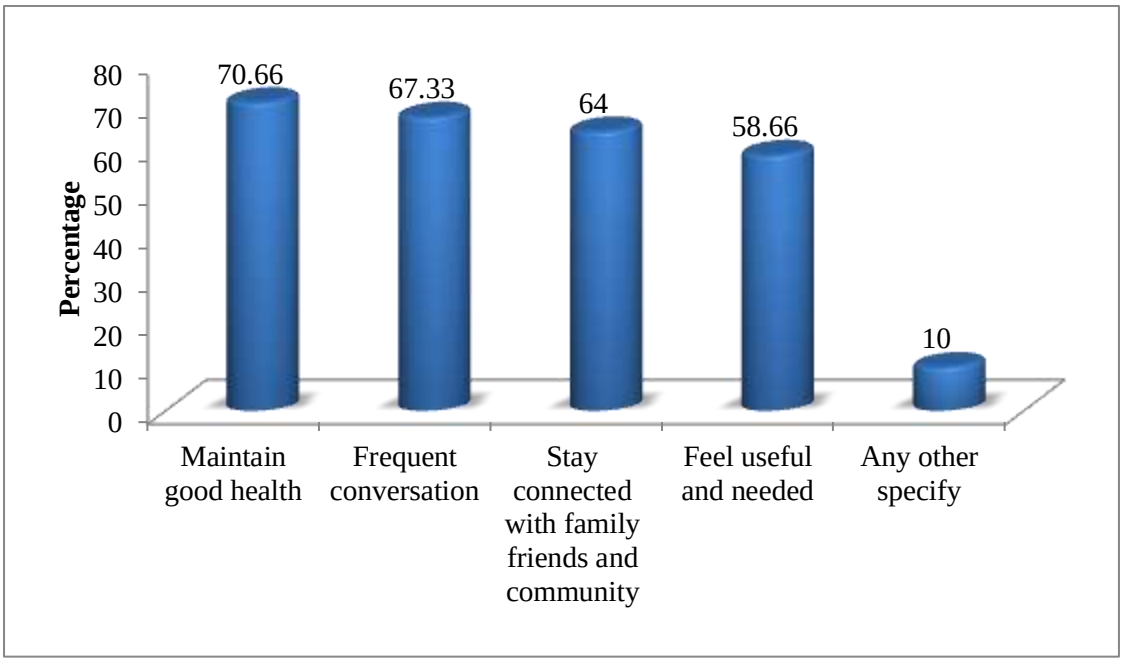


Fig. 4.8: Caregiver views for aged to improved Quality of Life

Multiple Responses, N=150

The World Health Organization (2012) defined quality of life as an "individual perception of his or her living situation, understood in a cultural context, value system and in relation to the objectives, expectations and standards of a given society". From this perspective, health-related quality of life includes areas such as physical health, psychological state, level of independence of the person, personal relationships, beliefs in a particular context or the natural environment, social support, and perceived social support. When asked to improve quality of life it was found that variety of factors influences quality of life, which were also associated with higher levels of life satisfaction. Factors that negatively impact quality of life may include: chronic mental and physical diseases, physical, mental or spiritual decline, emotional setbacks, physical setbacks, inability, loss, negative affectivity, negative or debilitating symptoms, absence of successful intervention, fatigue, pain, fear, depression, absence of attention, absence of love, feeling unwanted, feeling inadequate, feeling unsuccessful, general insecurity, poor self-esteem, obesity, weight loss, etc. Majority (70.66%) revealed that concentrating on health followed by 67.33 percent who were of view that talking with seniors, encouraging them to share their feelings is helpful in enhancing

quality of life. About 64 percent mentioned that Consistentsocial interactions help people to be mentally, physically and emotionally fit. While 58.66 percent reported that aged family feel them productive which is crucial for improving quality of life by welcoming and encouraging their input is an invaluable way to support quality of life.

4.6.2 Communication

When communicating with aging parents it's important to remember their life is rapidly changing and they are trying to maintain a sense of independence. It's difficult for aged to rely on others for care and to help solve their problems when they maintained control of their own life before. According to Olson and Barnes (2004), family communication is an action in making information, ideas, and knowledge perceived by each family member. Communication of parent and child is effective if both parties understand and open with each other. The effective communication between parents and the son-in-law is with interpersonal communication that impact on the creation of a harmonious relationship.

Table 4.6.2.1: Satisfaction with interaction with family members

S. No.	Satisfaction with interaction with family members	Age male		Aged female	
		Frequency	Percentage	Frequency	Percentage
1	Yes	61	40.66	72	48
2	No	89	59.33	78	52
	Total	150	100	150	100

Regular interactions with their family members can boost the mental, physical, and emotional health of older adults. Considering the communication/interaction between the elderly and their family, it is possible to understand the family situation by looking at the existing care demands, since the low level of support, low cohesion and the high level of conflicts have been pointed out as a dysfunctional family environment and that good family functionality is associated with a high level of support, cohesion and low level of conflict (Rabelo and Neri, 2016). It was found that more than half (59.33%) of age elderly male and slightly less (52%)were dissatisfied with the level of interaction which they have withfamily members as they expressed that they had very little conversation between family members which is another form of negative communication and cited reasons were lack of sharing, not sitting down and enjoying meals with one another, therefore, there was not as much interaction between aged parents and their family members than there should be.

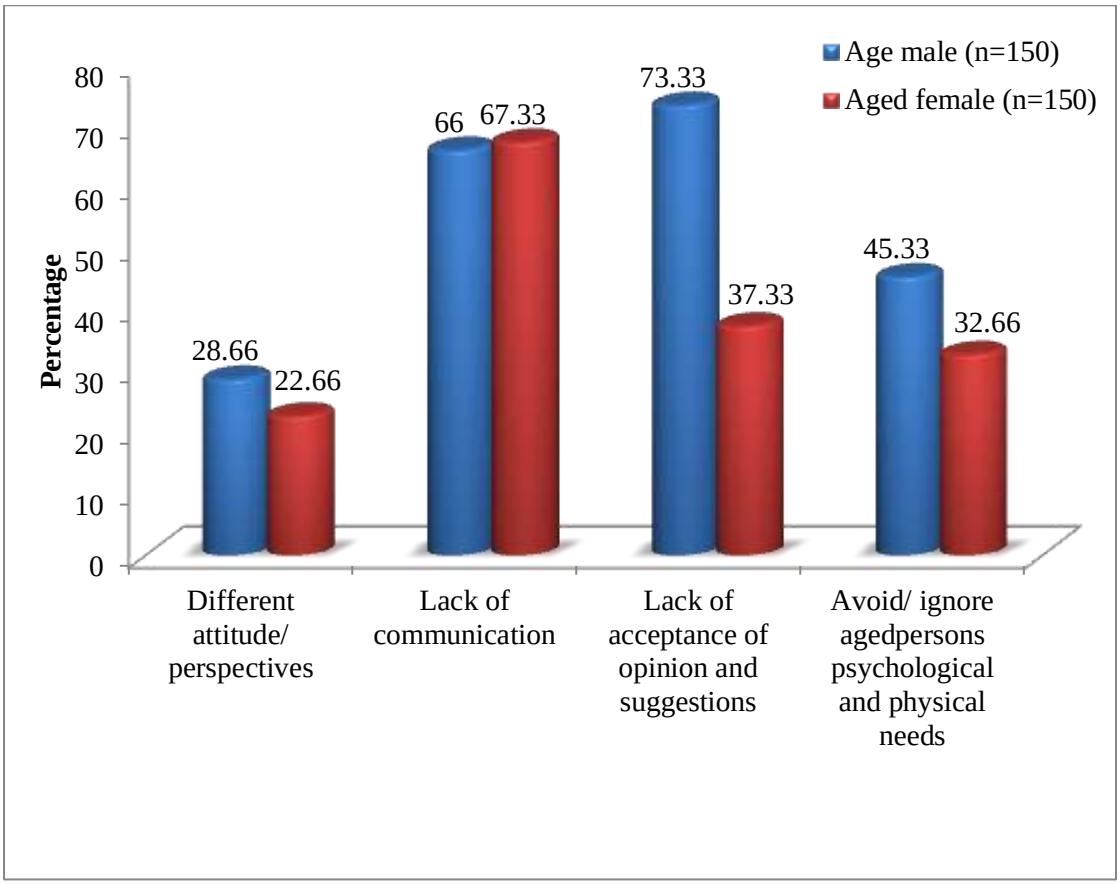


Fig. 4.9: Reasons for communication Gap

***Multiple response**

Family problems due to lack of communication are of utmost importance because healthy communication helps to find out effective ways to manage conflicts. Family coexistence is established by socio affective exchanges in which interaction and the communication process are structural elements of such exchanges that will enable them to live together, seek support and participate in family life. Interaction is understood as the ultimate goal of communication, the link through which its members express their needs and opinions (Berlo, 2003). Family members may begin to avoid their physical and psychological needs as they are obviously not important to the other person. Data reveals that majority of aged male (73.33%) mentioned that lack of accepting aged opinion in the family causes communication problems while 67.33 percent of aged female and slightly less male (66%) were of the view that lack of communication due to busy schedule, and negligence is one the barrier for communication.

4.6.2.2 Ways to improve communication

Communicating with elderly parents now, while they are in good health, and as they age, is a key part of preserving a healthy and loving relationship between you, your parents, and other members of your family.

Table 4.6.2.2: Ways to improve communication with elderly parents

S. No.	Ways to improve communication with elderly parents	N=150	
		Frequency	Percentage
1	Asked about good practice	100	66.66
2	Make time	91	60.66
3	Active listener	69	40
4	Handle difficult issues slowly with love and care	89	59.33
5	Avoid giving advice	76	50.66
6	Involves in decision making	98	65.33
7	Sharing of problems	59	39.33
***Multiple responses**			

Considering the communication/interaction between the elderly and their family, it is possible to understand the family situation by looking at the existing care demands, since the low level of support, low cohesion and the high level of conflicts have been pointed out as a dysfunctional family environment and that good family functionality is associated with a high level of support, cohesion and low level of conflict, elements that the process of communication and interaction that family members establish among themselves can contribute to the identification (Rabelo and Neri,2016). Actively listen to your parents by focusing your attention on and maintain good eye contact with your parent to convey engagement with the intent of understanding and conveying empathy. Allowing them to be part of the decision-making process can be a huge asset in solving certain problems and build their self confidence. Always communicate in respectful manner and show respect for the life experience they have gained and the great sacrifices they may have made for you. Table clearly shows that majority (66.66%) of children reported that discussing about good practices is one the best way to communicate with parents followed by 65.33 percent who stated that parental involvement in decision making boost up self-confidence and foster parents to communicate. About 60.66 percent mentioned that making time from busy schedule provide opportunity to interact with parents.

4.6.3 Adaptability

The ability to adapt to a rapidly changing environment facilitates positive outcomes (Wilkins et al., 2014). Specifically, adaptability refers to "an individual's ability, skill, disposition, willingness, and/or motivation to change or fit different task, social, or environmental features" (Ployhart and Bliese, 2006). Adaptability is considered to be a key source of mental resources. Individuals with a high level of adaptability can reserve more psychological resources than individuals with a low level of adaptability (Ployhart and Bliese, 2006). Psychological resources are especially important for newcomers who are encountering a totally new environment. The increasingly changing nature of modern life requires individuals to constantly improve their ability to adapt (Ployhart and Bliese, 2006). To adapt to changing circumstances, individuals have to exhibit adaptability both in cognition and behavior (Ployhart and Bliese, 2006). Adaptability and social support are both positive factors in the psychological health domain, and they should jointly promote life satisfaction (Zhou and Lin, 2016). Successful aging has been seen as a general process of adaptation, described as the selective optimization with compensation (SOC– Selection, Optimization, and Compensation). This model presupposes that the three elements – selection, optimization and compensation – constitute the basic component processes for changes regarding aging and adaptive capacity, and that the three always interact (Baltes and Smith, 2003).

Table 4.6.3.1: Factors influencing aged elderly adjustment

S. No.	Factor influencing adjustment to old age	Frequency	Percentage
1	Preparation for old age	106	70.66
2	Health conditions	89	59.33
3	Economic conditions	69	46.00
4	Earlier experiences	99	66.00
5	Personal attitude	76	50.66
***Multiple responses**			

Some of the adjustments people have to make as they move into old age. Adjustment to aging (AtA) is a multidimensional function of the dynamic interaction of elements such as autonomy, control, self-acceptance, personal growth, positive social network, purpose in life (Bauer & McAdams, 2004). Elderly are most happy with family life especially with their children (Laidmae, et al., 2012). Families are the cornerstone of all human societies which

have been discovered in every human culture. It is a place where a person finds and expects the most encouragement, comfort and security and help if needed. On the other hand, adjustment of an individual involves two conditions such as attempts to meet the demands of the environment and perceiving and experiencing a sense of general well-being in relation to the environment (Badami and Yenagi, 2016). Children of aged were inquired about the things that influences adjustment in old age. It was reported by maximum (70.66%) respondents that preparation for old age with respect to physical, mental and financial aspect is one of the major concern for successful adjustment.

Table 4.6.3.2: Good Adjustment characteristics

S. No.	Characteristics of good adjustment for aged elderly	Frequency	Percentage
1	Accepting the changes	53	35.33
2	Active social participation	91	60.66
3	Avoid worry	66	48.66
4	Fellow routine activities	81	54.00
5	Avoid comparison with past	101	67.33
6	Avoid fault fining	73	44.00
***Multiple responses**			

A resistant attitude toward aging and to adjustment to changes in aging brings a serious obstacle to successful adjustment in old age. Hence, the elderly citizens are in need of urgent attention. They do not need one's pity, but the understanding love and care from their fellow human beings. It is the duty of family members and young generation to see that they do not spend the twilight years of their life in isolation, pain and misery. Older persons are, therefore, in need of vital support to maintain over-all quality of life (Badami and Yenagi, 2016). It was reported by majority (67.33%) that the ability to enjoy present activities without comparing the past is one of the most indicator of good adjustment followed by (60.66%) who mentioned about active social participation and maintaining social contact are signs of good adjustment. Keeping a set routine (54%), avoidance of fault-finding attitude in objects, persons or activity, especially about living conditions and treatment from others (44%), a minimum of worry about self or others (48.66) and accepting the changes that have instead of trying to resist them are some another reported signs of good adjustment.

Table 4.6.3.3: Poor Adjustment in aged elderly

S. No.	Characteristics of poor adjustment for aged elderly	Frequency	Percentage
1	Social withdrawal	110	73.33
2	Lack of interest	88	58.66
3	Constant complaining behaviour	96	64.00
4	Refusal to accept changes	128	85.33
5	Constant worry	117	78.00
*** Multiple Reponses**			

Extending in time from the age of sixty-five until death, old age or late adulthood is a dynamic period of life that has its own challenges for adjustment and problems to overcome as the individual continues to experience the aging process. Aging is a gradual process that produces changes slowly. The period of late adulthood generally is marked as a time of continued decline. The general trend of decline is most noticeable in the physical changes that occur with increasing regularity during the period. The role changes that accompany old age are also very characteristics of this stage in the life cycle and occur in work as well as in family roles, while individuals usually make some compensation these adjustments take place more slowly throughout the period. Having seen all the hardships in life, the old people should be ready to understand others. They should allow the youngsters to enjoy their lives. The old age problems can be solved only if the old people accept that getting old is a natural phenomenon. Therefore, even though getting old is inevitable, keeping a positive attitude is certainly helpful (Parmar, 2013). Keeping this view in mind data was gathered to know the opinion of children of aged elderly with respect to poor adjustment and it was stated by majority (85.33%) that their parents wish for things to be the same as they were younger and resist to any changes and this refusal to accept changes in old age can cause stress which hamper their adjustment. About 78 per cent reported that constant worry of the unknown future to such an extent that affects their daily life functioning is major sign of poor adjustment. Withdrawal from social activities like meeting people, going on outings etc. was another factor reported by 73.33 percent. About 64 percent family members reported that their aged parents used to exhibit Constant complaining behaviour and devaluate what they already have which trigger family discord. Very few (58.66%) mentioned about loss of interest in pleasurable things which they earlier liked doing.

Table 4.6.3.4: Barriers to social participation

S. No.	Barriers of social participation	Frequency	Percentage
1	Health problems	99	66.00
2	Fear of rejection	68	45.33
3	Loss of contact with friends	76	50.66
4	Insecurity	87	58.00
5	Any other	18	12.00
*** Multiple Reponses**			

Respondents commonly spoke of barriers to social participation. Mostly (66%) respondents reported about health problem which reduced physical mobility led older people to avoid walking out into their neighbourhoods because of a perceived vulnerability to falling, especially in poor weather conditions. About58 percent avoid participating socially because they saw their neighbourhoods as unsafe places in which attacks, muggings and burglaries are prevailing in current society. However, 50.66 percent mentioned about loss of pre-existing social contacts was associated with gradual reductions in social participation.

Barriers of Physical Activity

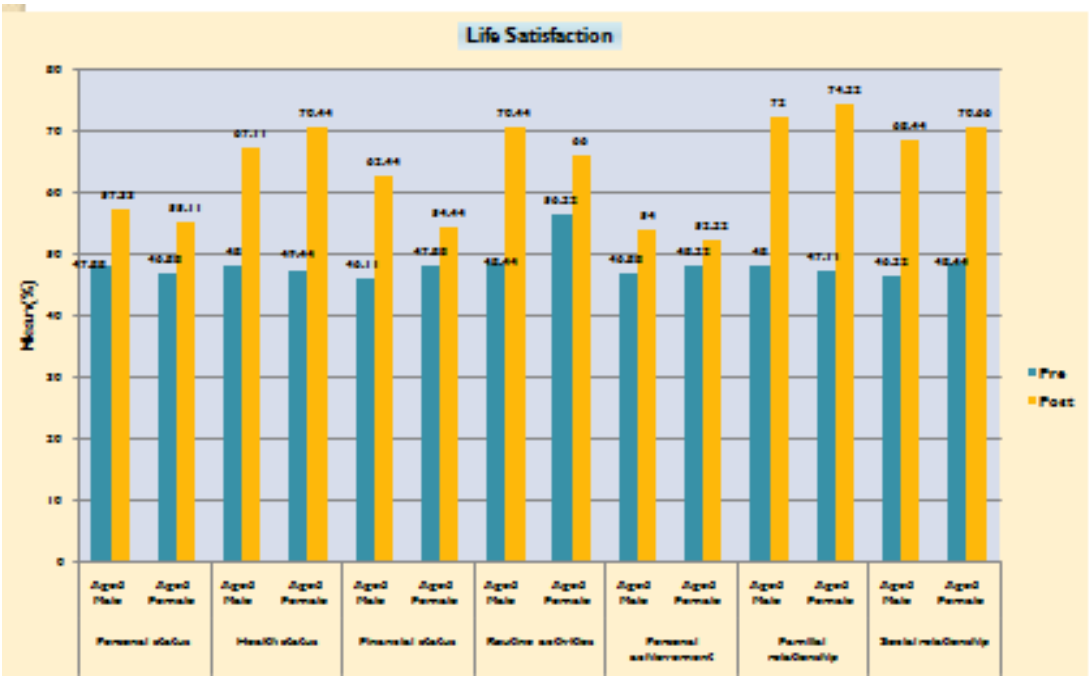
Table 4.6.3.5: Barriers of physical activity of aged parents

S. No.	Barriers of physical activity of aged parents	Frequency	Percentage
1	Yes	82	54.66
2	No	68	45.33
	Total	150	100
If yes, specify the reasons			
1	Health problems	68	82.92
2	Insecurity/ afraid of fall/injury	36	43.90
3	Lack of interest	49	59.75
4	Lack of company	59	71.95
*** Multiple Reponses**			

Respondents were asked about the barriers to physical activity in older adults and more than half (54.66%) of respondents strongly believe barrier in physical activity is the

major reason which has hampered their life while rest 45.33 percent of them denied to any barriers of physical activity. Further, responses were gathered in order to know the kind of barriers and the three most frequently cited barriers were poor health (82.92%), lack of company (71.95%), lack of interest (59.75%), and Insecurity/ Afraid of fall/injury. Promotion and intervention strategies should be planned with respect to specific needs of older adults in order to reduce their constraints to physical activity.

4.7 Explore impact of 'Family Support Intervention Package' and professional help on life satisfaction among elderly.



Ranges: Low (20-34), Very Low (35-49), Moderate (50-64), High (65-79), Very High (80 and above)

Fig. 4.10: Impact of pre and post Intervention on life satisfaction among elderly

Figure 4.10 shows mean percent score of pre-test and post-test level of Life Satisfaction in seven aspects. It is clear that there is remarkable increase of post test score of mean percent life satisfaction from that of pre test score. The mean score of life satisfaction in pre-test were highest for the Routine activities (48.44%) and social relationship and, lowest for domain financial status (46.11%) and social relationship (46.22%). The mean percent score of Life satisfaction in post-test was highest for Familial relationship (74.22%) and lowest for personal achievement domain (52.22%).

A significant effect of intervention on elderly life satisfaction can be seen (Table 4.6.1 and Fig. 4.10) among various domains like Personal status health, Financial, Routine Activities, Personal Achievement, Familial Relationship and Social Relationship. Intervention had an incredible impact on life satisfaction of aged elderly.

Table 4.7.1: Impact of pre and post intervention on life satisfaction among elderly

Life satisfaction	test	Mean	SD	Mean difference	paired t-value	p-Value
Personal Status	**Pre**	30.42282	11.82201	.0302013	0.0857	0.9318
	Post	30.45302	10.26416			
Health Status	**Pre**	26.35333	9.863033	6.77	20.9164	<0.0001
	Post	33.12333	7.636919			
Financial Status	**Pre**	11.07	3.90246	5.036667	43.6444	<0.0001
	Post	16.10667	3.545493			
Routine Activities	**Pre**	18.55	6.608055	7.976667	28.8844	<0.0001
	Post	26.52667	5.875175			
Personal Achievement	**Pre**	27.42333	10.84294	1.023333	3.0340	<0.0001
	Post	28.44667	9.682268			
Familial Relationship	**Pre**	30.81667	11.54328	10.55333	35.8061	<0.0001
	Post	41.37	8.760265			
Social Relationship	**Pre**	28.89333	10.44761	9.913333	30.3441	<0.0001
	Post	38.80667	8.445138			

Significant at 5% Level of significance

Table presents that the mean, SD, mean difference, t and p values of pre and post tests LS scores among senior citizens. The findings shows that there is significant difference in their mean pre-test and post test scores of LS [t(300)= 0.0857, p<0.9318]. Hence, the null hypothesis H01is rejected and it interpreted that the intervention was effective.

The intervention had positive effects regarding the aspect of life satisfaction. The intervention program significantly improved awareness of successful aging among aged elderly and their parents.

Aged elderly were more active in decision making process.

There were significant improvements in behaviors associated with doing exercise and living a less sedentary lifestyle. Aged reported about less emotional fluctuation and more stability than before. Elderly, who used to sit idle at home, feels isolated and emotionally disturbed started participating in social circle /social network frequently. This led to sharing

of thoughts, problems and their probable solutions has resulted into improved psychological well-being. Knowledge acquired through experts during intervention about online payments enabled them to do many of their works independently, like railways ticket booking, bank transactions etc. which made them socially active and has boost up their self-confidence which improved their quality of life to a greater extent.

4.8 Attitude of Family Members Towards Life Satisfaction, Stress and Coping Strategies of their elderly Parents

Caring for the elderly parents at home is an important concern for all the family members and it should be an enjoyable experience for both the caregiver and the elderly. Everyone needs to be familiar with the ways to provide the best comfort andservices to elderly. The most important is the attitude of children towards aged elderly. Taking care of the elderly can be very stressful at times because they need help with their personal needs besides taking care of the daily routine. An overall decline in physical and mental vitality may result drastic changes to aged elderly, their pattern of life, and emotional well-being. The family needs time, money and energy for care of their elderly parents. The more awareness of how aged can be helped with available options/resources is crucial for quality of life of aged. This role requires a lot of patience and taking care of an ailing elderly is a stressful job. Therefore, it's important to take care of the stress level of the caregiver too.

In this connection an attempt has been made to know the attitude of children towards life satisfaction, stress and coping strategies of elderly parents.

A total of 150 family members were interviewed in which maximum 91% were children and rest (9%) were daughters-in-law of aged elderly.

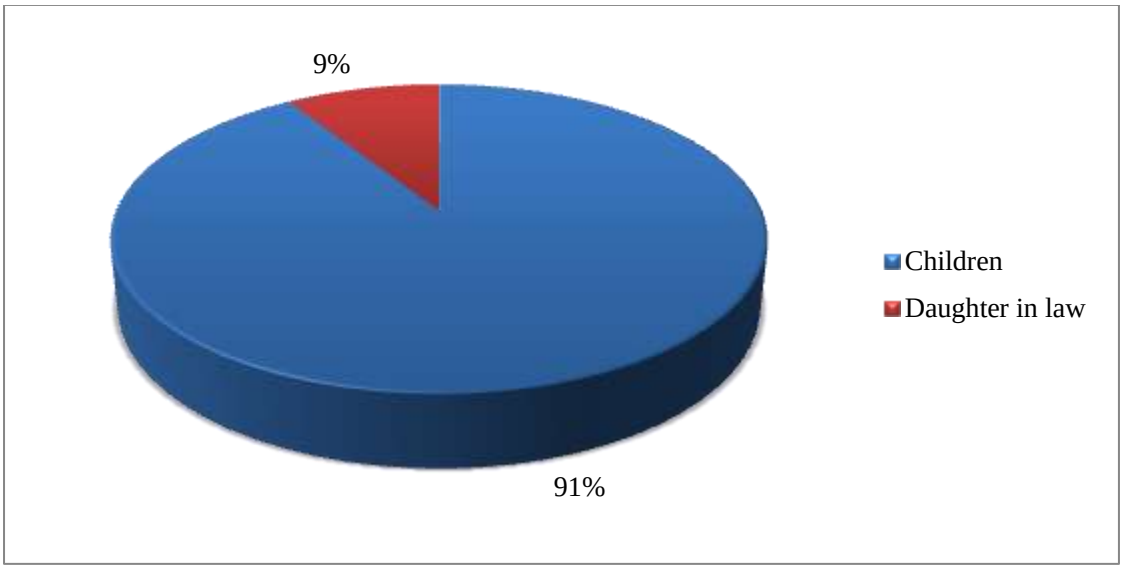


Fig. 4.11: Family members of aged elderly

Table 4.8.1: Issue in caring aged parents

S. No.	Issue in caring aged parents	Frequency	Percentage
1	Yes	36	24
2	No	114	76
	Total	150	100

Having an aging parent while still raising or supporting one's own children presents certain challenges. When an elderly parent starts to show that they need more help, the other family members can feel pressured or frustrated with the process. Because it all feels strange, confusing, and upsetting, people stop talking about things. When this happens, rifts appear and life becomes difficult. Understanding of ageing process and how it affects a person's day to day life is therefore vital. It was found that maximum (76%) children did not have any problem while caring for their parents because they felt that they are blessed to provide care to their loved ones as they are the one who brought meaning and purpose into their life. However, 24 percent of them had issues and they expressed incapability in providing sufficient time and financial commitments for their own children and at the same time they faced added stress in balancing things and due to this their own health has effected adversely.

Table 4.8.2: Satisfaction from current identity

S. No.	Satisfaction from current identity	Frequency	Percent
1.	Yes	58	38.66
2.	No	92	61.33
	Total	**150**	**100**
If no then specify the reasons n=92			
1.	Loss of social identity	83	90.21
2.	Loss of independence	88	95.65
3.	Devaluation	71	77.17
***Multiple Responses**			

Respondents were asked about their parents' satisfaction with respect to their identity status and data clearly shows that most of the parents were dissatisfied and the reasons reported for dissatisfaction were loss of independence due to jobs, raising families, and making decisions. Due to difficulties with mobility, behavioral and health conditions such as isolation and loneliness, and financial strains are just some of the contributors towards loss of independence among aging adults. However, 90 per cent of loss of social identity was due to

decreased social participation and 77.17 per cent mentioned about their parents self devaluation toward personal productivity, achievement, and independence. The most consistent predictor of devaluation was negative attitude towards poor health.

Table 4.8.3: Parental comparison current with past

S.N.	Parents compare current status with past	Frequency	Percent
1.	Yes	97	64.66
2.	No	53	35.33
	Total	**150**	**100**
If yes, specify the aspects N=97			
1.	Financial aspect	74	71.13
2.	Personal Status	81	83.50
3.	Social circle	61	62.88
4.	Health	54	55.67
***Multiple Responses**			

The changes that many older adults experienced can affect how they see their lives. When people become older adults, they could view themselves as becoming part of a group to which they have held negative attitudes toward their whole life. In general, individuals are motivated to create psychological and physical distance between themselves and stigmatized out groups (Cesario et al., 2010). Children were asked about whether they observed their parents compare past with current and it was expressed by maximum (83.50%) that their parents had feelings of unhappiness and dissatisfaction with current life and feel they are a burden on family and perceive their lives to be less valuable. About (71.13%) respondents mentioned that their parents often evaluate their financial status with past as incomes usually decline at present but also they also don't know long they'll live or what their expenses will be, were reluctant to spend money and/or worry about their financial security. However, 62.88 percent mentioned that their older parents' avoids social interaction because of variety of reasons like fears of social rejection and/or exploitation, fears of losing valued aspects of identity, getting older or weaker, no longer being the hub of their family, leaving the workplace, loss of network of friends, illness, fear of going out and falling anda change in living environment and 55.67 per cent stated that parents used to compare health status despite of knowing that physical changes due to aging can occur in almost every organ and can affect seniors' health and lifestyle.

Table 4.8.4: Satisfaction with limited income

S. No.	Parental stratification with their income	Frequency	Percent
1	Yes	49	67.33
2	No	101	32.66
	Total	150	

The elderly face many financial issues that can interfere with the ability to feel secure in their life. Responses of children were gathered about the parental satisfaction with respect to limited income. Majority (67.33%) of them reported about parental dissatisfaction as limited financial resources can restrict access to quality health services, limit social interaction, and contributes to mental stress. Furthermore, limited financial possibilities, cannot allow the satisfaction of all the needs. However, 32.66 per cent did not express any dissatisfaction related to their parental income.

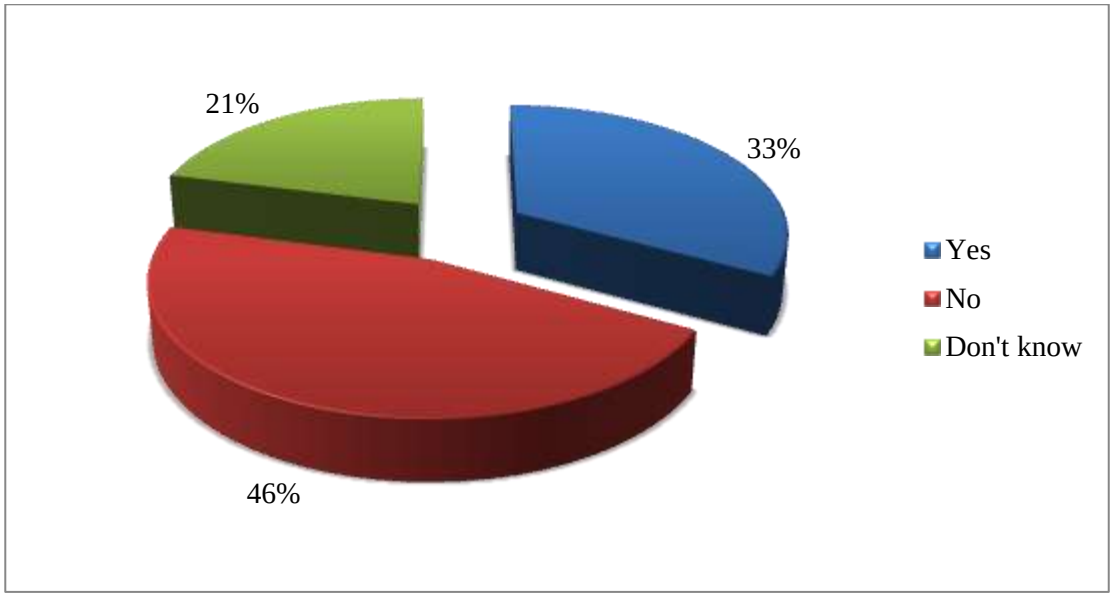


Fig. 4.12: Aged elderly savings for future

The earning potential significantly comes down during old age. Saving and investing money is going to benefit you immensely during your old age. Starting to save money at the early age assures a secured old age. If the saving practice is started at early age it becomes very easy to overcome any emergency situation. Savings enables a person to face eventuality in future. As a man is a social animal as such, he is more interested in the welfare of his family and of the society at large. Therefore, he makes provision for future welfare through his savings. In India the presence of a large number of financial institutions under central and state government and rural bodies encourage the growth of savings. Careful financial planning is a must for senior citizens. To lead a dignified and healthy ageing the senior

citizens ought to save money Rajeswari and Jeyalakshmi (2015). The captured data clearly reveals that maximum (45.33%) had nothing saved for their future followed by 33.33 percent who had some savings and rest 21.33 per cent were completely unaware about their parental saving.

Table 4.8.5: Parental feeling when supported by family members help in daily routine activities

S. No.	Parental feeling	Frequency	Percent
1	Feel secure	79	52.66
2	Increase self confidence	54	36.00
3	Feel inferior	17	11.33
***Multiple responses**			

As people get older, their cognitive and physical abilities, independence and sense of being are affected which can be quite stressful not only on them, but on the caregiver as well. As an elderly family members start to notice their day to day life affected by the ageing process, they may become more reliant on family members, e.g. their sons or daughters. Responses of children were gathered in order to know how their aged parents feel while supporting their elderly parents in routine activities and it was reported by maximum 52.66 per cent that helping in daily routine activities provide feelings of security and while 36 per cent reported about increase in confidence which helps your older adult feel healthier and happier. However, very few (11.33%) of them reported that their parents becomes extremely frustrated and feel inferior and this cause them to become low in mood.

Change in Decision Making

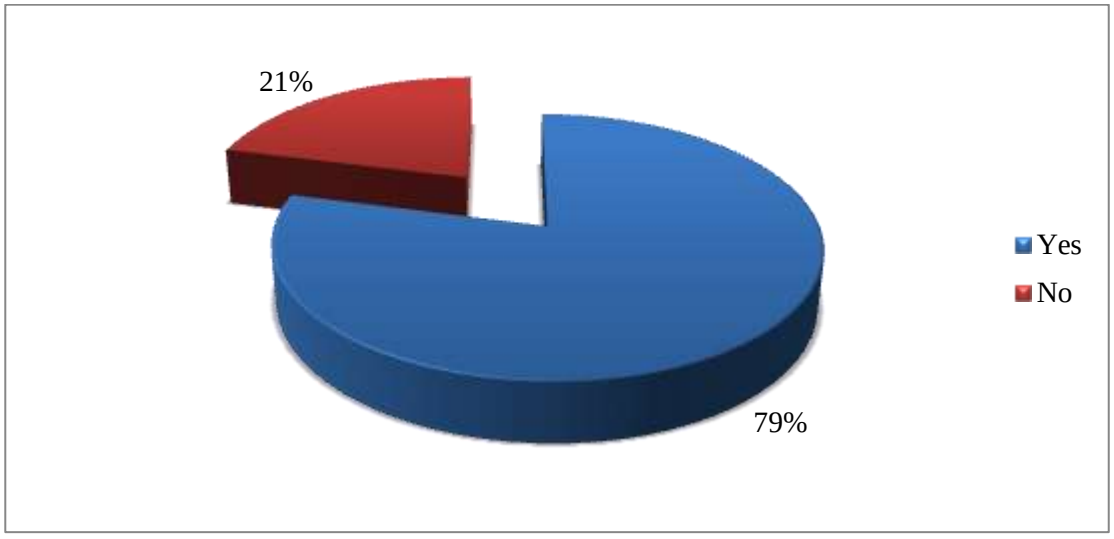


Fig. 4.13: Change in Decision Making

Aging generally leads to systematic declines in cognitive processing. Evidence suggests that age-related declines in working memory and executive functioning begin as early as the mid-20s and grow steeper as people advance into their 70s (Park et al, 2002). It was reported by maximum 78.66 percent of children that their parents couldn't make their own decisions about their finances, their work, their property, where and with whom to live, their access to health services, their family life, and their participation in community, voluntary or social activities. While 21 per cent of reported that their parents used to make similar decisions before.

Table 4.8.6: Reasons for Parental stress

S. No.	Reasons of parental stress	Frequency	Percent
1	Financial issues	117	78.00
2	Health issues	106	70.66
3	Social relationship	99	66.00
4	Routine activity	92	61.33
5	Familial relationship	86	57.33
6	Low self esteem	79	52.66
*Multiple responses			

Stress is a part of life at any age. In old age, there are some changes in the human brain resulting changes in behaviour too. Different diseases or mental condition like depression, memory loss, mood changes, and dementia occurs. Old people may have fear of many things related with their health condition, injuries, as well as about family and friends. So, they can feel depressed and loneliness (American Psychological Association, 2006.) Until recently, most of the research on ageing focused on the health status of the elderly (Paul & Singh, 2017). Ageing, along with disease, disability, frailty, and dependence may also bring in anxiety and stress due to a low status in the family, and lack of financial security (Ashok & Ali, 2003). Majority (78%) of the children reported that the main cause of stress in their aged parents was economic hardship as they expressed that parents remained worried about whether or not money saved and invested will last through the remainder of their lives because being short of money may impact number of things that can be done. Another stressor reported by 70.66 per cent for older adults was the issue of health and pressure to pay bills. Next to this about 66 percent mentioned that decline in social circle due to lessened mobility, parents feel more physically bound to one place and because of this avoid attempts at socializing which is one the stressor.

Parental Stress management

Table 4.8.7: Parental Stress management

S. No.	Ways to manage elderly parental stress	Frequency	Percent
1	Positive thinking	109	70.66
2	Motivate for active social life	93	62.00
3	Maintain routine/healthy life style	85	56.66
4	Motivate to engaged in volunteer work	62	41.33
5	Make time for aged parents	101	67.33
***Multiple responses**			

When an older adult is struggling against some particular stressor in life, it is necessary to prevent stress more proactively and efficiently. Vankayalapati (2008) in his book stated that the psycho-social problems of elderly are often neglected. Medical intervention has improved but they treat physical problems only. Emotional upsets, behavioural problems, adjustment problems, stress, strain etc. need to be taken serious consideration. A peaceful mind and soul can keep a person healthy and happy. Therefore, not only physical body treatment but soul and mind treatment is also needed for active and successful ageing. Keeping this view in mind responses of children were gathered regarding the stress management of their aged parents and it was reported by maximum (70.66%) that Positive thinking, such as accepting the changes, appreciating one's achievements and strengths, can help to enhance self-confidence and to cope with stress. Next to this about 67.33 per cent of the children were of the view that spending quality time with family does help in coping with challenges, inculcate a feeling of security and family values and 62 per cent of them expressed that an active social life, healthy lifestyle (56.66%) are all useful ways to handle stress. Very few (41.33%) of them expressed that engaging in volunteer work is a means to helps to boost self-confidence and broaden one's outlook in life.

Perception towards change in health status of aged parents

Table 4.8.8: Perception towards change in health statusof aged parents

S. No.	Charge health status	Frequency	Percent
1	Yes	109	72.66
2	No	41	27.3
	Total	150	100

As people get older, physiological changes occur in their body as a natural part of aging. A situational analysis of elderly in Pune city found that older people are more prone to malnutrition due to variety including physiological and functional changes, economic hardship, and inadequate access to healthy food. The functional status of the elderly is their ability to carry out their day to day activities including preparation of food and intake, thereby affecting nutritional status. In India, the problem of the health of the elderly is compounded by poor nutrition together medical issues. The health and nutrition of elderly is often neglected (Raju et al, 2016). Even though the aging process cannot be stopped, being aware of these changes and adopting a healthy lifestyle can reduce their impact on overall health. Majority (72.66%) children stated about their aged parents change health status as they expressed about parents become more prone to infection, loss of appetite, decrease strength, stomach problems and lack of sleep etc.

Table 4.8.9: Strategies for maintaining good health

S. No.	Strategies for maintaining good health	Frequency	Percent
1	Walking/physical activity	52	34.66
2	Healthy food	39	26.00
3	Participation in social network	62	41.33
4	Positive attitude	87	58.00
5	Routine activity	73	48.66
***Multiple responses**			

Bodily changes are a natural part of aging. Practicing healthy habits throughout life is ideal, but it's never too late reap the benefits of taking good care of yourself, even as you get older. It was reported by more than half (58 %)of the children stated that positive attitude towards bodily changes and accepting these changes with your body is essential to maintain health followed by 48.66 percent who were of the view that following routine schedule benefit not only physical health but they can also improve your mental health by reducing stress levels. About 41.33% mentioned that frequent social participation with relatives or friends, religious activities, neighbourhood, community is beneficial in maintaining good health.

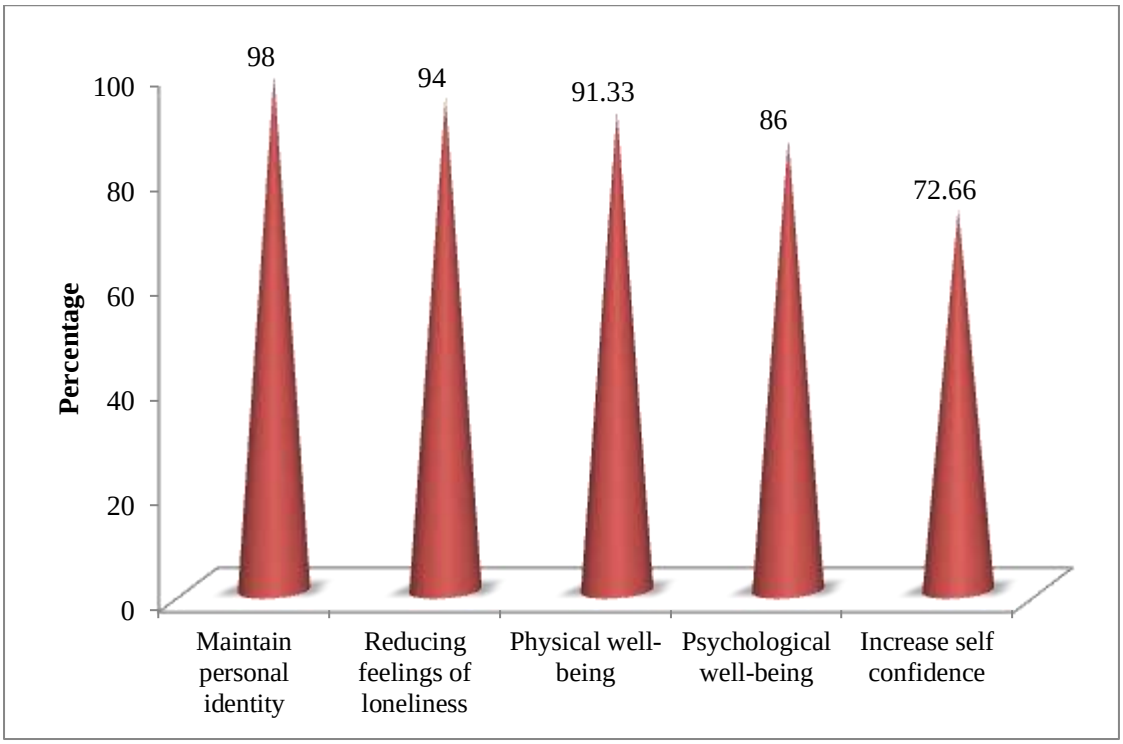


Fig. 4.14: Advantages of Social Participation for Aged Elderly

Social participation has been defined as person's involvement in activities that provide opportunities for interactions with others in the community or society (Levasseur et al, 2010). Prolonged isolation can lead to depression and even physical health problems. But opportunities for socialization and community involvement are accessible if you can help your aging loved one to get connected. The elderly social participation is considered as one of the major areas of age friendly cities, (Yazawa, 2016), the central component of successful aging, (Utz et al 2002), a component of social capital (Takeuchi et al 2013) and one of the important components affecting the health of the elderly people (Buffel et al 2013). Thus, paying attention to the concept of social participation in the elderly people is of particular importance, and its promotion is one of the key recommendations of the World Health Organization in response to concerns about the aging population (He et al 2017). An overwhelming (98%) respondents were of the view that active involvement of individual in the social activities and regular interaction with others in the community maintain personal identity. About 94 percent respondents mentioned that active engagement in social activities is helpful in decreasing the feelings of loneliness. About 91.33 percent mentioned that frequent social engagement are crucial for physical well being.

Table 4.8.10: Suggestions for better life satisfaction at family level

S. No.	Suggestions for better life satisfaction at family level	Frequency	Percent
1	Role of aged elders care should be reinforce through school	65	43.33
2	Communicate family issues with elderly	86	57.33
3	Set up financial responsibility	77	51.33
4	Encourage social participation	99	66.00
5	Strengthen values and the capacity of families to cope with the problems of caring for the elderly	112	74.66
***Multiple responses**			

Old age is a sensitive period and at this phase they need care and comfort to lead a healthy life without worries and anxiety. Family is an integral part of everyone's life and the roles of family members are crucial in elderly care. Understanding their needs and concerns, will ensure their good health. An attempt was made to explore the views of suggestions of children for improving life satisfaction of their aged parents at family level and it was stressed by majority (74.66%) that conducive family environments with warm emotional support is inevitably the ideal way to live a healthy life. Family members revealed that supporting and nurturing aged elderly with love and affection is crucial for happier life. For this, it is important to inculcate and strengthen values of love, compassion and respect for aged elderly being from childhood. Next to this social participation (66%), healthy communication (57.33%), Financial responsibility and encouragement of elderly role in the family were some ways to improve their life satisfaction at family level.

Fig. 4.15: Suggestions for improving Life Satisfaction at Family level

N=150, Multiple response

Chapter-V

SUMMARY AND CONCLUSION

Ageing is a universal phenomenon. The status of elderly is changing in families year by year. It impacts family structures and individual life-styles which, in turn, influence the quality of life of the elderly. In nutshell, it becomes imperative to look into the various aspects of social, economic, psychological and emotional problems of elderly. Families are struggling to cope with the increasing stresses which are occurring because of the problems of their children. Their needs must be addressed through comprehensive support programmes. Families need help to resolve the problems so as to avoid tensions and conflicts. The study basically focuses on the senior citizens of Kanpur Nagar of' Uttar Pradesh. The basic purpose of this research is not merely identification and description of the problem at familial level in the present context but also to increase awareness of families regarding involvement of family members in elderly care. Therefore, the present study was undertaken to develop 'Family Support Intervention Package' to enhance Life Satisfaction among elderly with following objectives.

1. To assess life satisfaction, stress and coping strategies of elderly living with family.
2. To asses attitude of family members towards life satisfaction, stress and coping strategies of their elderly parents
3. To develop of Family Support Intervention Package to enhance life satisfaction among elderly.
4. To intervene 'Family Support Intervention Package' to enhance life satisfaction among elderly.
5. To utilize professionals help to support effectiveness of 'Family Support Intervention Package'.
6. To enhance cohesion, communication and adoptability among family members to minimize breakdown in family system.
7. To explore impact of 'Family Support Intervention Package' and professional help on life satisfaction among elderly.

Descriptive research design was adopted to fullfill the above objectives. In the present study, the researcher developed tool to collect information from respondents. The qualitative as well as quantitative data has been collected from the respondents. The respondents of the present study were old age persons who were residing with their families situated in urban areas of Kanpur Nagar, UP. A total of 450 subjects were selected from 150 families (3 subjects from each family- 2 Elderly and 1 Son/ Daughter/ Daughter-in-law/ Son-in-law from Nawabganj,

Kalayanpur, Vishnupuri and Khyora wards of Kanpur city of Uttar Pradesh. The subjects comprised of aged elderly belonging to middle income group who resided within the municipal limits of the city. Preliminary information proforma was used for identifying the sample for the present investigation. Background survey proforma was developed and used to procure the necessary details regarding the subjects and their families. Life satisfaction Scale, Stress Scale and Coping Strategies Scale developed by Shabanam Ansari and Renu Dhakar (2014, MPUAT, Udaipur), was used to assess life satisfaction, stress and coping of the aged elderly. Self-structured Interview Schedule to assess family Cohesion, communication and adaptability and Attitude of Children, Daughter-in-law/ Son-in-law/grand children towards their aged elderly parents which consisted of both open ended and closed ended questions was administered. Data was collected with the help of self developed scales and interview schedule. The data collection period was 6 months. The selected samples were interviewed at their family setting after explaining the academic nature of this research, and they were assured that information collected from them would be kept confidential. The data was collected in two phases. Data collection phase I included different stages. In stage I, Preliminary survey was done on 300 families. Out of which 150 middle income families with elderly spouses were randomly drawn for background survey. In II stage pretest was done on 150 families (300 spouses) to find out life satisfaction, stress and coping skills of selected elderly and cohesion, communication and adaptability and to assess attitude of 150 family members (Son/ Daughter/ Daughter-in-law/ Son-in-law/) towards life satisfaction, stress and coping strategies of elderly. The data collected were scored, coded, categorized and put under statistical measure in the light of objectives. Mean percentage was used to assess the life satisfaction and stress. Coping strategies, cohesion, communication and adaptability was analyzed in terms of frequency and percentage. Ranges were calculated for obtained score for each aspect of life satisfaction; stress and coping to determine the minimum and the maximum length of the 5 responses and then divided by five as it is the greatest value of the scale. Mean percent was calculated from obtained raw scores and further converted in to interpret in 5 different categories for level of Life satisfaction and Stress i.e. very high, high, moderate, low and very low.

In stage III on the basis of analysis of finding of above test "Family Support Intervention Package" was developed by developing as well as referring resource material. In stage IV intervention was given through different methods to the elderly spouses and their children to improve upon their level of life satisfaction for a period of six month. Data collection phase II consisted of Assessment of the intervention (Post test). After intervention post test was conducted for the same respondents with the similar Life Satisfaction Scale as was used for the pretest. After providing necessary instruction to the respondents assessment

was conducted in the similar format as for pre test. Life satisfaction was assessed in the same pattern as was used for the pre-test to explore the effectiveness of the interventional packages. The data entry and data cleaning was performed. Data was analyzed in terms of mean and percentage.

Scores of pre-test and post-test were subjected for data analysis. The data was analyzed in terms of mean percentage. A Paired t-test was applied to detect a statistically significant difference in the mean percentage scores obtained in the pretest and the post test. Purposive sampling was used to select the respondents. The present research study helps different stakeholders and family members to know the emerging problems of the aged in changing scenario and focusing new ideas/strategies and practices for betterment of the aged that enables the aged to live happily and satisfactorily.

5.1 Findings of the study

5.1.1 The findings of the study are presented through different sections:

- Socio-economic profile of the respondents
- To assess life satisfaction, stress and coping strategies of elderly living with family
- To develop of Family Support Intervention Package to enhance Life Satisfaction among elderly.
- To intervene 'Family Support Intervention Package' to enhance Life Satisfaction among elderly.
- To utilize professionals help to support effectiveness of 'Family Support Intervention Package'.
- To enhance cohesion, communication and adoptability among family members to minimize breakdown in family system.
- To explore impact of 'Family Support Intervention Package' and professional help on life satisfaction among elderly
- Attitude of children towards life satisfaction of their elderly parents

5.1.2 Socio-economic profile of the respondents:

- More than 3 /4 (77.33%) of aged women and maximum men were in the age group of 60 - 65 years.
- Maximum 92.66 percent respondents were Hindu.
- Majority (37.33%) of the aged women were educated up to primary while maximum (28.66%) aged man had educational qualification up to intermediate level.

- Maximum respondents (81.33%) reported that they had health problems.
- Majority (62.66%) of aged women had no source of income because they never employed or worked in previous years for earning while, more than half (56%) of aged men were dependent on their pension for family expenses.
- Health problems were more prevalent in women (85.33%) compared to men (77.33%).
- More than half had 6 to 8 members in their family

5.1.3 Level of life satisfaction, stress and coping strategies of elderly living with family (Objective1)

- Majority of aged men and women had low satisfaction with respect to their personal status as they mentioned that they were experiencing low in self-identity, self-esteem and self-efficacy.
- More than half of women as well as maximum aged men had low life satisfaction with respect to their health status.
- Maximum men as well as of aged women had low level of satisfaction with respect to financial status.
- Majority of aged men and women had low level of life satisfaction in context to their routine activities as they used to depend on others and required assistance from their children and grand children for their daily activities.
- Maximum percentage of aged men had low level of life satisfaction on personal achievement while majority of aged women were found in category of moderate level of life satisfaction.
- Majority of elderly had low level of life satisfaction with respect to their familial relationship.
- Maximum aged elderly had low level of life satisfaction as they reported that they usually had less interaction in social circle, financial constraints/economic hardship and also due to limited mobility.
- Majority of aged elderly men had high level of stress regarding personal status While most of the aged women had moderate level of stress
- Elderly males with 70.44 percent were more likely to have high stress on poor health than elderly males (67.11%) due to variety of reasons such as feeling of depletion of energy, prone to infection and frequent illness, financial constraints to treat illness if any, lack of support from their family and proper medical care etc.

- The data pertaining to stress of aged elderly on financial status depicts that majority (70.44) of aged elderly men had high level while aged elderly women had moderate (54.44) of stress because of reduced income which compelled them to cut out the expenses of household, their needs and wants, lack of financial support from children and responsibility of other family members trigger stress.
- Most (62.44%) of aged elderly men and about (58.44%) aged elderly women had moderate level of stress in performing day to day routine activities because of limited physical abilities, illness, which compelled them to frequently seek support either from children or spouse to avoid any complication and asking for help in performing daily activities make them anxious about their gradually declining potential due to ageing.
- More than half of aged elderly man (54.44%) and women (52.22%) had moderate level of stress regarding their personal achievement and reported reasons were incapable to accomplish their dreams for self and family and inability to gain relationships with their near and dear ones due to financial constraints and lack of support from family.
- Both aged elderly women (74.22%) and (72%) were highly stressed regarding their familial relationship due to inattention by family members, lack of acceptance by daughters-in-law and feeling of burden since they could not help in household tasks.
- Both aged elderly women and men had high level of stress regarding their social relationship as they found their lives confined and lonely due to declined regular interaction and sharing with people, limited financial resources and poor emotional well-being.
- Active as well as avoidance coping strategies were utilize by respondents. With respect to active coping majority of aged elderly men were always used to prefer confront (54.66%) strategy and almost equal (54%) were following a positive outlook sometimes to cope up with their problems.
- Majority 58.66 percent of aged male and female mostly avoid stressful situation by suppressing or rejecting the experience of certain kinds of thoughts that make them stressful.

5.1.4 Development of Family Support Intervention Package to enhance Life Satisfaction among elderly (Objective 2)

- The intervention programme was planned on the basis of the indentified needs of elderly and their adult children and grandchildren who were living under same roof.
- The family support intervention package consists of simple, gentle and comfortable activities that are quite suitable for the aged elderly.

5.1.5 Intervene 'Family Support Intervention Package' to enhance Life Satisfaction among elderly (Objective 3)

- The intervention was given in five different phases.
- The family support intervention package was organized by using Individual and Group Approach.
- Intervention was given on seven aspects of life satisfaction.
- The strategies used for communication and expression with respondents were discussions and quoting examples from life experiences.
- Developed and referred Visual and Audio Visual aids were used as resource material for intervention.

5.1.6 Utilize professionals help to support effectiveness of 'Family Support Intervention Package' (Objective 4)

- Experts from different fields who were involved in planning the family intervention package provided their valuable inputs by use of different methods for improving effectiveness of programme.
- Human development and Family Studies (HDFS) Expert talked about that the relationship between adult and children that must shift towards well-being of aged parents. She focused on elderly and as well as their famililies to develop a positive attitude towards old age to improve the intergenerational relations. She focused that all members of the family should develop emotional ties, love and co-operation with each other. This can best be achieved by portraying the right image of old age among all the family members and the society through media and other sources.
- There were different experts for covering health issues. The Medical Officer covered the main factors that optimize successful aging, answered questions from the participants and encouraged the participants in the study to be concerned towards their health which could enhance substantially and the quality of life. Nutritional Counsellor talked about nutritional challenges faced by elderly and the related healthcare risks. She focused on the importance and necessity to maintain a healthy diet to support especially during medications. Yoga trainer oriented aged elderly on yoga and told that aged can improve their flexibility and balance, enhance their strength and boost their mood. Further, he explained the both long term and short term benefits of yoga to aged.
- Expert dealing with financial issues discussed the experiences of aged regarding increasing difficulties in managing their finances. He asserted that due to declines in

dealing with financial ability aged elderly can easily be exploited by family, friends, and strangers. Further, he explained and asked to follow some useful practical strategies for the aged to prevent scams and frauds. Family members need to take a more active role in managing their finances and retirement funds to financially secure during their senior years. Aged were also trained for online payment through different Apps on gadget. Aged were provided awareness and demonstration at individual level as well as in group so that they will be equipped with access to digital payments and the knowledge to use them.

- Social work focused on the preservation or enhancement of functioning and of quality of life of aged elderly. He focused on what people can do and maximize both opportunities and quality of life in the context of their social system, their needs and their rights.

5.1.7 Enhance cohesion, communication and adaptability among family members to minimize breakdown in family system (Objective 5)

- Majority (89%) of the elderly people received sufficient respect from the younger generation. However, few (11%) of them were deprive of it and they expressed the reasons such as spending more and more time towards their aspirations, closely involved with their job, study and business, and busy lifestyle make younger generation unknowingly ignoring older people.
- Most (63.33) of the aged reported that spending quality time, such as mealtimes, to talk and share things happened throughout the day builds and strengthen individual relationships.
- Maximum (73.33%) reported that lack of respect lead to conflict, hurt feelings and destruction of the family relationships.
- Maximum were getting respectful treatment in the families and by the other relatives.
- Majority (74%) of aged never faced negligence by their family members.
- Around 70.66 percent revealed that concentrating on health is helpful in enhancing quality of life.
- More than half (55.66%) of age elderly were dissatisfied with interaction with family members as they expressed that they had very little conversation between family members which is another form of negative communication and cited reasons were lack of sharing, not sitting down and enjoying meals with one another.
- Majority of aged male (73.33%) mentioned that lack of accepting aged opinion in the family causes communication problems.

- Majority (66.66%) of the children reported that discussing about good practices is one the best way to communicate with parents.
- Maximum (70.66%) children of aged reported that preparation for old age with respect to physical, mental and financial aspect is one the major concern for successful adjustment.
- Majority (67.33%) stated that the ability to enjoy present activities without comparing the past is one of the indicators of good adjustment.
- Majority (85.33%) reported that their parents wish for things to be the same as they were younger and resist to have any changes and this refusal to accept changes in old age can cause stress which hamper their adjustment.

5.1.8 Explore impact of 'Family Support Intervention Package' and professional help on life satisfaction among elderly(Objective 6)

- There is increase of post-test score of mean percent of life satisfaction from that of pre-test score.
- The mean score of life satisfaction in pre-test were highest for the Routine activities (48.44%) and social relationship and, lowest for domain financial status (46.11%) and social relationship (46.22%).
- The mean percent score of Life satisfaction in post-test was highest for Familial relationship (74.22%) and lowest for personal achievement domain (52.22%).
- Paired t-test was used to compare the pre and post-test level of life satisfaction after implementing family intervention package
- The findings shows that there is significant difference in their mean pre-test and post-test scores of LS.

5.1.9 Attitude of Family Members Towards Life Satisfaction, Stress and Coping Strategies of their elderly Parents (Objective 7)

An attempt has been made to know the attitude of children towards life satisfaction, stress and coping strategies of elderly parents.

- A total of 150 family members were interviewed in which maximum 91% were children of aged parents and rest (9%) were daughters- in-law of aged elderly.
- Maximum (76%) of the children did not have any problem while caring for elderly parents as they reported that they are grateful to provide care to their loved ones and being a caregiver it has brought meaning and purpose into their life.

- Most (61.33%) of the parents were dissatisfied and the reasons reported for dissatisfaction were loss of independence with respect to their jobs, raising families and making decisions.
- Majority (64.66%) children of aged parents reported that their parents compare present status with past.
- Maximum (83.50%) mentioned that their parents had feelings of unhappiness and dissatisfaction with current life as they feel that they are a burden on family and perceive their lives to be less valuable.
- Majority (67.33 %) of the respondents stated that parental dissatisfaction was due to limited financial resources which restricted their access to quality health services, limited social interaction and ultimately negatively contributed towards their mental stress.
- Around 45.33 percent aged elderly had nothing saved for their future as reported by their children.
- More than half of the respondents (52.66 %) mentioned that helping in daily routine activities provides feelings of security to aged parents.
- More than 3/4 (78.66%) of children reported about change in their parents decision making.
- About 78 percent of the children reported that the main cause of stress in their aged parents was economic hardship as they expressed that parents remained worried about whether or not money saved and invested will last through the remainder of their lives because being short of money may impact on the number things that can be done.
- Maximum (70.66%) of that respondents revealed that Positive thinking, such as accepting the changes, appreciating one's achievements and strengths, can help to enhance self-confidence and to cope with stress efficiently.
- Majority (72.66%) of the children stated about their aged parents change health status. They expressed that with age their parents become more prone to infection, loss of appetite, decrease strength, stomach problems and lack of sleep (insomnia) etc.
- More than half (58 %) of the children stated that positive attitude towards bodily changes and accepting these changes within oneself is essential to maintain health.
- An overwhelming percentage of respondents (98%) were of the view that active involvement of individual in the social activities and regular interaction with others in the community helps to maintain personal identity.

- Majority (74.66%) of the respondents expressed that conducive family environment with warm emotional support is inevitably the ideal way to live a healthy life.

Conclusion

From the findings of the present research some pertinent conclusions emerge which are as follows:

Problems of the aged are mostly not due to age but largely due to psychosocial environment, diminishing supports and changes in life situations. The study presents a holistic picture of what the aged elderly parents and their adult children experiences due to ageing. Family plays a crucial role in life of all human being and their significance even increases with the age. Family involvement and support is vital for the life satisfaction of elderly. Overall, the current study demonstrates that research addressing aged elderly level of life satisfaction, stress and coping strategies and family views on problems that occurs due to ageing. Acknowledging that role of family support through presence, companionship, affection, empathy, listening, to the aged parents plays an important role in adults' perceptions and a better understanding of the underlying psychological mechanisms of aged adults. Family Support Intervention approaches could increase the awareness of age-associated events such as declining one's parental health, psychosocial and familial issues as this may not only help to promote positive views about aged parents and to attenuate negative views on aging, but in turn may also enhance one's own aging processes.

Chapter-VI

IMPLICATIONS

Keeping in view, the finding and limitations of the present study following recommendations are offered for further research.

- The findings of the present study provide valuable information and serve as a useful reference material for those who are interested in carrying out research related to life satisfaction, stress and coping strategies of elderly.
- The findings of the study can create awareness regarding responsibility of children and family members.
- The study points out certain factors that play a key role in influencing life satisfaction. It is apparent that the first requirement for the researcher is to study these and other parameters more extensively and design intervention strategies.
- The findings will be useful for subjects themselves, to understand their present status in all seven selected dimensions and intervention package will be useful for enhancing their life satisfaction.
- There is an urgent need of compulsory health insurance for aged elderly.
- The present study is conducted in urban settings; the similar study can be conducted in rural areas.
- The present study is conducted in urban setting in middle income group, the similar study can be conducted in high and low income groups.
- The scope for intervention by mental health professionals, especially psychiatric social workers in planning and delivering adequate therapeutic services in the clinical context.
- A comparative study between rural and urban can be conducted to assess the effectiveness of intervention programme.
- Based on the present study finding, psychosocial intervention programme can be developed to enhance Life Satisfaction of the elderly persons.

Chapter-VII

SUGGESTIONS

The main problems which old people face are economic hardship, health problems and lack of emotional support. Problems are more intensified because of the general decrease of their physical strength. Self-care becomes impossible day by day, personality traits also change due to senescence, and the family also goes through stressful days which disturb relationships. Seeking outside help to look after the aged person is not possible due to variety of reasons. We should never forget that there is no escape from the old age and everyone has to pass through this phase of life. If we start thinking positively by change in attitude and behaviour towards them neither old age will no longer be a problem for the elderly, the family and the society nor aged elderly will feel old age as curse or anybody else. During the stage in old age one should respect their parents and should be support hand for them.

Family

- Family environment should be conducive and for this there is need to develop an atmosphere of acceptance and respect.
- The findings of the study revealed that the old age persons had low life satisfaction due to family conflicts. Therefore, there is a need to sensitize the family members about their responsibilities towards old age people because role of family members is vital in improving the emotional well-being of the old age people.
- Family should involve the elderly in decision making and consider their views.
- Elderly should be given regard/respect for their achievements in social functions as such activities will fill them with sense of responsibility and satisfaction.
- Encourage elderly to participate in social activities; they should be consulted for societal issues as well they should also be encouraged to work for the society as far as it is possible.
- Awareness about nutrition and health related issues of the elderly are of great importance.
- There is need to protect and strengthen the institution of the family and provide such support services as would enable the family to cope with its responsibilities of taking care of the elderly. Along with proper and effective professional welfare services that need to be evolved to provide counseling services both to the elderly and their family members.
- Traditional role of respecting and caring elders should be reinforced through school level and interventions from the primary level.

- The experiences and expertise of the elderly should be utilized for the well-being of society.
- Family support for improving Life satisfaction and welfare of the elderly has an important role. Therefore, it is suggested to provide guidance to families in dealing with elderly.
- All of the old age people had low life satisfaction with respect to personal status and personal achievement. So, it is necessary to provide opportunity to stimulate the memory of the old age persons by old films, pictures, objects, music etc., to allow them to remember their positive achievements, contribution in life and thereby enhance their self-esteem.
- The study recommends that employees should be given pre-retirement education to cope up with post-retirement stress. Besides this, post-retirement counseling for effective coping strategies to manage post-retirement concerns is very important.

Elderly

- Be more receptive of new generation's ideas.
- They should try to develop those hobbies or interests, like music, painting or gardening which they were unable to pursue when younger and busy in household responsibilities.
- There should be more focus in building intergenerational solidarity among the two generations which will improve the social support.
- There is a need for documentation and dissemination of good practices for dealing with feelings, communication, financial matters, health related issues and moral responsibilities towards aging population.
- There is need to explore the opportunity for launching an inter-generational program for changing the attitudes of children and young people towards the elderly.
- Gradual decline in human body functioning may leads to more years of unhealthy life for elderly. Thus, it is important for an individual to prepare themselves economically before they enter in old age in order to lessen the potential of experiencing economic hardship.
- Elderly should prepare themselves to adjust with the fast changing society and take initiative to get involved in community services.

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Appendix "A"

पूर्व जानकारी प्रपत्र

उत्तरदाता का कोड –

1. नाम _____

2. उम्र _____

3. लिंग _____

4 वैवाहिक स्थिति– अविवाहित ☐ विवाहित ☐ विधवा ☐ विधुर ☐

5. घर का पता _____
_____

_____

6.पारिवीरक आय –_____

पृष्ठभूमि संबंधित जानकारी तालिका

उत्तरदाता का कोड –

1. नाम .....
2. आयु .....
3. लिंग.....
4. शिक्षा.....
5. आर्थिक स्वावलंबन / निर्भरता.....
6. स्वास्थ्य समस्याएं.....
7. परिवार मे सदस्यों की संख्या.....
8. पारिवारिक संगठन – एकाकी / संयुक्त
9. पारिवीारक आय के साधन.....
10. पारिवारिक संरचना -

क्र.सं.	नाम	संबंध	शिक्षा	नौकरी – सरकारी / गैर-सरकारी / स्वयं का व्यवसाय

Appendix "B"

वृद्धों में जीवन संतुष्टि के आकलन हेतु साक्षात्कार विवरणिका

Scale for assessing life satisfaction in aged elderly

.....प्रतिवादी कोड

नाम :
आयु :

निर्देश (Instruction)

आपसे संबंधित कुछ कथन नीचे दिए गये हैं। कृपया उनके संबंध में पूछे जाने पर अपने अनुभव के आधार पर निम्नानुसार प्रतिक्रिया दीजिए–

		'पूर्णतया सहमत '	'सहमत '	'कुछ हद तक सहमत'	'असहमत'	'पूर्णतया असहमत '
1	यदि प्रतिवादी पूर्णतया सहमत हैं तो '**पूर्णतया सहमत** ' के वर्ग में सही का निशान लगाये।	√				
2	यदि प्रतिवादी सहमत है तो '**सहमत**' के वर्ग में सही का निशान लगाये।		√			
3	यदि प्रतिवादी कुछ हद तक सहमत हैं तो ' **कुछ हद तक सहमत** ' के वर्ग में सही का निशान लगाये।			√		
4	यदि प्रतिवादी असहमत हैं तो '**असहमत** ' के वर्ग में सही का निशान लगाये				√	
5	यदि प्रतिवादी पूर्णतया असहमत हैं तो '**पूर्णतया असहमत**' के वर्ग में सही का निशान लगाये					√

क्रम सं,	कथन	पूर्णतया सहमत	सहमत	कुछ हद तक सहमत	असहमत	पूर्णतया असहमत
1.	आप अपनी पहचान से संतुष्ट हैं।	☐	☐	☐	☐	☐
2.	आप स्वयं को सम्पूर्ण व सौभाग्यशाली समझते हैं।	☐	☐	☐	☐	☐
3.	लोग आपको प्रसन्नचित्त स्वभाव वाला मानते हैं।	☐	☐	☐	☐	☐
4.	आप लोगों के मध्य अपनी पूर्व एवं वर्तमान की पहचान से संतुष्ट हैं।	☐	☐	☐	☐	☐
5.	आप किसी विषम परिस्थित के आने पर सहजता से उसका सामना कर लेते हैं।	☐	☐	☐	☐	☐
6.	आप स्वयं ही अपने निर्णय लेते हैं।	☐	☐	☐	☐	☐
7.	आप स्वयं के प्रति अपने नजरियें से संतुष्ट हैं।	☐	☐	☐	☐	☐
8.	आप स्वयं के प्रति लोगों के दृष्टिकोण से संतुष्ट है।	☐	☐	☐	☐	☐
9.	आप अपनी आवश्यकताओं को पूर्ण करने में सक्षम हैं जिससे आप संतुष्ट रहते हैं।	☐	☐	☐	☐	☐
10.	आप स्वयं को अपनी उम्र के लोगो से अधिक सक्षम समझते हैं।	☐	☐	☐	☐	☐
11.	आप स्वयं को स्वस्थ्य एवं ऊर्जावान महसूस करते हैं	☐	☐	☐	☐	☐
12.	आपका अच्छा स्वास्थ्य आपको प्रसन्नचित्त व संतुष्ट रखता हैं।	☐	☐	☐	☐	☐
13.	खराब स्वास्थ्य के कारण आप अप्रसन्न रहते हैं।	☐	☐	☐	☐	☐
14.	आप बीमारी की अवस्था में भी प्रसन्नचित्त रहते हैं।	☐	☐	☐	☐	☐
15.	आप बीमारी की अवस्था में अपना कार्य सरलतापूर्वक पूर्ण कर लेते हैं।	☐	☐	☐	☐	☐
16.	दवा का निरन्तर सेवन करके आप स्वस्थ्य एवं ऊर्जावान महसूस करते हैं।	☐	☐	☐	☐	☐
17.	बीमारी के कारण दूसरों पर अपने कार्य के लिए आश्रित रहना आपको दुखी कर देता है।	☐	☐	☐	☐	☐
18.	आप अपने खान–पान व स्वास्थ्य के प्रति बहुत सचेत रहते हैं।	☐	☐	☐	☐	☐
19.	क्या आपको लगता है पोषक आहार के अभाव के कारण आपका स्वास्थ्य खराब रहता है।	☐	☐	☐	☐	☐
20.	अपनी जरूरतों को पूरा करने के लिए आर्थिक रूप से स्वंय पर निर्भर हैं।	☐	☐	☐	☐	☐

21.	आर्थिक रूप से स्वंय पर निर्भर रहने से आपको दूसरो के सामने हाथ नही फैलाना पडता है और न ही खरी–खोटी सुननी पडती है।	☐	☐	☐	☐	☐
22.	आर्थिक रूप से स्वंय पर निर्भर रहने से लोग आपका सम्मान करते हैं।	☐	☐	☐	☐	☐
23.	परिवार द्वारा आपकी जरूरतों को पूरा करने पर आपको प्रसन्नता का अनुभव होता है।	☐	☐	☐	☐	☐
24.	नियमित रूप से सुबह उठने व दैनिक कार्य पूरा करने पर आपको प्रसन्नता का अनुभव करते हैं।	☐	☐	☐	☐	☐
25.	आपके परिवार द्वारा आपकी दिनचर्या का ध्यान रखना आपको संतोष प्रदान करता है।	☐	☐	☐	☐	☐
26.	आप अपने रोजामर्रा के कार्यों को सरलता से कर लेते हैं।	☐	☐	☐	☐	☐
27.	कभी–कभी अपने दैनिक कार्यों में परिवर्तन होने से आपको अच्छा लगता है।	☐	☐	☐	☐	☐
28.	आप अपनी वर्तमान दिनचर्या से सन्तुष्ट हैं।	☐	☐	☐	☐	☐
29.	दिनचर्या में आपको अपने परिवार/मित्रों/सहयोगियों कें साथ समय बिताना ज्यादा पसंद है।	☐	☐	☐	☐	☐
30.	नियमित रूप से ईश्वर की प्रार्थना करने से आपको आत्मिक संतोष मिलता है।	☐	☐	☐	☐	☐
31.	आप नौकरी के समय अपनी सारी जरूरते पूरी करने में सक्षम थे जिससे आप आज भी सन्तुष्ट हैं।	☐	☐	☐	☐	☐
32.	आप संतुष्ट है क्योंकि आपने बेहतर व इच्छित नौकरी की।	☐	☐	☐	☐	☐
33.	आपको अपनी नौकरी की उपलब्धियों से सन्तोष होता है।	☐	☐	☐	☐	☐
34.	आप अपने परिवार के लिए हासिल की गयी उपब्धियों से स्वयं पर गर्व महसूस करते है।	☐	☐	☐	☐	☐
35.	उपलब्धियाँ प्राप्त करने में आपके जीवन साथी द्वारा दिया गया सहयोग आपको खुशी प्रदान करता है।	☐	☐	☐	☐	☐
36.	आप अपने परिवार के लिए हासिल की गयी उपब्धियों से सन्तुष्ट व खुश है।	☐	☐	☐	☐	☐
37.	आपको ऐसा लगता है कि समाज में जो स्थान आप अपने लिए बनाना चाहते थे वो आपने बना लिया है।	☐	☐	☐	☐	☐
38.	समाज में लोग आज भी आपको आदर की दृष्टि से देखते है जिससे आपको गर्व महसूस होता है।	☐	☐	☐	☐	☐

39.	आप अपने सपने पूर्ण कर पाने के कारण खुद को दूसरों से ज्यादा भाग्यशाली समझते है।	☐	☐	☐	☐	☐
40.	आप अपने बच्चों के व्यवहार से संतुष्ट है।	☐	☐	☐	☐	☐
41.	आपके बच्चे आपके आज्ञानुसार कार्य करते हैं तो आप स्वयं को भाग्यशाली समझते हैं।	☐	☐	☐	☐	☐
42.	आपके नाती–पोते आपसे प्रेमपूर्ण व्यवहार करते हैं तो आपको बेहद खुशी का अनुभव होता हैं।	☐	☐	☐	☐	☐
43.	अपनी बहु के आदर भाव, प्रेम व व्यवहार से खुश हैं।	☐	☐	☐	☐	☐
44.	आपकी बहु के आने के बाद भी आपके पुत्र आपसे प्रेमपूर्ण व्यवहार करते हैं।	☐	☐	☐	☐	☐
45.	आपका दामपत्यजीवन संतोषजनक है।	☐	☐	☐	☐	☐
46.	जीवन साथी की उपस्थिति में आपका परिवारिक जीवन सुखमय है।	☐	☐	☐	☐	☐
47.	अपने जीवन साथी पर आपको गर्व महसूस होता है।	☐	☐	☐	☐	☐
48.	आप अपने वर्तमान पारिवारिक माहौल/संबन्धों से संतुष्ट हैं।	☐	☐	☐	☐	☐
49.	अपने परिवार की समस्याओं को मिल–जुलकर सुलझाने में आपको खुशी होती है।	☐	☐	☐	☐	☐
50.	अपने परिवार पर आपको गर्व महसूस होता है।	☐	☐	☐	☐	☐
51.	आप सामाजिक गतिविधियों में निरन्तर भाग लेते हैं।	☐	☐	☐	☐	☐
52.	सामाजिक गतिविधियों में निरन्तर भाग लेने से आपको खुशी व संतोष का अनुभव होता है।	☐	☐	☐	☐	☐
53.	आप अपनी सामाजिक पहचान से संतुष्ट हैं	☐	☐	☐	☐	☐
54.	जब लोग आपको प्रेरणा व आदर की दृष्टि से देखते हैं तो अपको प्रसन्नता व संतोष का अनुभव होता है।	☐	☐	☐	☐	☐
55.	पड़ोसियों से प्रेमपूर्ण व्यवहार करना आपको पसंद है।	☐	☐	☐	☐	☐
56.	पड़ोसी आपका कुशल–क्षेम पूछने आते है तो अपको प्रसन्नता व संतोष का अनुभव होता है।	☐	☐	☐	☐	☐
57.	जब लोग आपके व्यवहार की तारीफ/ प्रशंसा करते हैं अपको प्रसन्नता व संतोष का अनुभव होता है।	☐	☐	☐	☐	☐
58.	लोगो की समस्याएं सुलझाने में आपको प्रसन्नता का अनुभव होता है।	☐	☐	☐	☐	☐

59.	रीतिरिवाजों का पालन करने से आपको संतोष का अनुभव होता है।	☐	☐	☐	☐	☐
60.	अपने परिश्रम से कमाए हुए धन को जरूरतमन्दों की सहायता करने में आपको खुशी महसूस होती है।	☐	☐	☐	☐	☐

Appendix "C"

वृद्धों में तनाव के आकलन हेतु साक्षात्कार विवरणिका
Scale for assessing stress in aged elderly

प्रतिवादी का कोड –

नाम :
आयु :

निर्देश (Instruction)

आपसे संबंधित कुछ कथन नीचे दिए गये हैं । कृपया उनके संबंध में पूछे जाने पर अपने अनुभव के आधार पर निम्नानुसार प्रतिक्रिया दीजिए–

		'पूर्णतया सहमत '	**'सहमत '**	**'कुछ हद तक सहमत'**	**'असहमत'**	**'पूर्णतया असहमत '**
1	यदि प्रतिवादी पूर्णतया सहमत हैं तो '**पूर्णतया सहमत** ' के वर्ग में सही का निशान लगायें।	√				
2	यदि प्रतिवादी सहमत हैं तो '**सहमत**' के वर्ग में सही का निशान लगायें।		√			
3	यदि प्रतिवादी कुछ हद तक सहमत हैं तो '**कुछ हद तक सहमत** ' के वर्ग में सही का निशान लगायें।			√		
4	यदि प्रतिवादी असहमत हैं तो '**असहमत**' के वर्ग में सही का निशान लगायें				√	
5	यदि प्रतिवादी पूर्णतया असहमत हैं तो '**पूर्णतया असहमत**' के वर्ग में सही का निशान लगायें					√

क्रम सं,	कथन	पूर्णतया सहमत	सहमत	कुछ हद तक सहमत	असहमत	पूर्णतया असहमत
1.	आपको लगता है आप सौभाग्यशाली नही हैं जिससे आपको तनाव होता है।	☐	☐	☐	☐	☐
2.	आप अपनी वर्तमान की पहचान से असंतुष्ट हैं, जिससे आपको तनाव होता है।	☐	☐	☐	☐	☐
3.	स्वयं के प्रति नकारात्मक विचारों से आप तनावग्रस्त हो जाते हैं।	☐	☐	☐	☐	☐
4.	किसी विषम परिस्थित/समस्या का समाधान ढूढने में असमर्थ होने पर आप, परेशान व तनावग्रस्त हो जाते हैं।	☐	☐	☐	☐	☐
5.	आप अपने सपने पूर्ण न कर पाने के कारण दूसरों से अपने को हीन महसूस करते हैं, जिससे आपको तनाव होता है।	☐	☐	☐	☐	☐
6.	आपको लगता है आपका जीवन नीरस हो गया है।	☐	☐	☐	☐	☐
7.	शारीरिक अस्वस्थतता के कारण आपको तनाव की स्थिति से गुजरना पडता हैं।	☐	☐	☐	☐	☐
8.	आपको लगता आपकी स्मरण शक्ति कमजोर हो रही है।	☐	☐	☐	☐	☐
9.	आप स्वयं को ऊर्जाविहीन महसूस करते हैं जिससे आप तनावग्रस्त हो जाते हैं।	☐	☐	☐	☐	☐
10.	आपको नींद बहुत देर में व कम आती है।	☐	☐	☐	☐	☐
11.	वृद्धावस्था में आप कई रोगो से ग्रसित हैं जिससे आप तनाव में रहते हैं।	☐	☐	☐	☐	☐
12.	बीमारियों के कारण आपको खान–पान पर नियंत्रण करना पड़ता है, जिससे आप तनाव में रहते हैं ।	☐	☐	☐	☐	☐
13.	आपकी बिमारी को लेकर दूसरो द्वारा लगातार इच्छाओं पर नियंत्रण हेतु सलाह देने पर आपको गुस्सा आता है।	☐	☐	☐	☐	☐
14.	बिमारी की अवस्था में समयुनसार डॉक्टर की सलाह नहीं ली जाती जिसे आप तनाव में रहते है।	☐	☐	☐	☐	☐
15.	आपको अपने खाने–पीने के लिए दूसरों पर आश्रित रहना पड़ता है जिससे आप तनाव में रहते हैं।	☐	☐	☐	☐	☐

16.	आपको अपने कपड़े व दवाइयों के लिए दूसरों पर निर्भर रहना पड़ता है जिससे तनाव की स्थिति से गुजरना पड़ता है।	☐	☐	☐	☐	☐
17.	आर्थिक तंगी के कारण अपनी छोटी–छोटी जरूरतों को पूरा करने में असमर्थ महसूस करना या दूसरों पर आश्रित रहना आपको तनावग्रस्त कर देता है।	☐	☐	☐	☐	☐
18.	अपनी आवश्यकताओं की पूर्ति के लिए दूसरों की खरी–खोटी सुननी पडती है, जिससे आप तनावग्रस्त हो जाते हैं।	☐	☐	☐	☐	☐
19.	आपको लगता है पैसो के अभाव के कारण लोग आपका सम्मान नही करते है, जिससे आप तनाव में रहते हैं।	☐	☐	☐	☐	☐
20.	आर्थिक तंगी के कारण आप स्वयं को दूसरों से हीन महसूस करते है जिससे आप तनाव में रहते है।	☐	☐	☐	☐	☐
21.	दैनिक कार्य स्वयं करने में असमर्थ होने के कारण आप तनावग्रस्त हो जाते है।	☐	☐	☐	☐	☐
22.	आपको कोई भी कार्य करने में मुश्किलों का सामना करना पडता है।	☐	☐	☐	☐	☐
23.	**यदि** आपके दैनिक **कार्य प्रायः आपके परिवार के सदस्य करते हैं तब आपको तनाव की परिस्थित से गुजरना पड़ता है।**	☐	☐	☐	☐	☐
24.	अपनी उपलब्धियों से असन्तुष्ट होने के कारण प्रायः आप तनावग्रस्त रहते है।	☐	☐	☐	☐	☐
25.	अपने सहकर्मी की कार्यक्षेत्र की उपलब्धि अधिक होने के कारण आपको तनाव रहता है।	☐	☐	☐	☐	☐
26.	सहकर्मी की आर्थिक स्थिति आपसे अच्छी है जिनके कारण प्रायः आपको तनाव हो जाता है।	☐	☐	☐	☐	☐
27.	परिवार व अपने लिए आवश्यक बचत न कर पाने के कारण आपको तनाव रहता हैं	☐	☐	☐	☐	☐
28.	अपने परिवार के लिए जो भी करने को सोचा था वे पूरा न कर पाये, जिससे आप तनाव में रहते है, (जैसे मकान का निर्माण, उपयुक्त समय पर सन्तान विवाह आदि।	☐	☐	☐	☐	☐

29. बच्चों का बर्ताव आपके प्रति अच्छा नहीं है, उनकी अनुशासनहीनता व कर्तव्यहीनता के कारण आप चिन्तित व तनाव ग्रस्त रहते है।	☐	☐	☐	☐	☐
30. परिवार द्वारा पर्याप्त समय ना देने पर आप अकेलापन महसूस करते है।	☐	☐	☐	☐	☐
31. बहु के आने से आपके पुत्र का व्यवहार बदल गया हैं जिससे आपको तनाव रहता है।	☐	☐	☐	☐	☐
32. बहु का रहन– सहन का तरीका आपको पसंद नही है, जिससे आपको तनाव रहता है।	☐	☐	☐	☐	☐
33. बहू की सोच आपके परिवार के प्रति नकारात्मक रहती है, वह परिवार के **प्रति** जिम्मेदारी/कर्तव्य नही समझती, जिससे आपको तनाव रहता है।	☐	☐	☐	☐	☐
34. आपका दामपत्य जीवन आरम्भ से ही कलहपूर्ण **रहा है** जिससे आपको बहुत दुख होता है।	☐	☐	☐	☐	☐
35. जीवनसाथी की **उपस्थिति** में **भी** आप बुढ़ापे में अकेलापन महसूस करते है जिससे आपको तनाव रहता है	☐	☐	☐	☐	☐
36. रिश्तेदारों से प्रेमपूर्ण सम्बंध न होने के कारण वे आपको आदर व सम्मान नहीं देते जिससे आपको तनाव रहता है।	☐	☐	☐	☐	☐
37. रिश्तेदार सिर्फ स्वार्थभाव से आपके पास आते **हैं** जिससे आपको क्रोध आता है और तनाव की परिस्थिति से गुजरना पड़ता है।	☐	☐	☐	☐	☐
38. बेटी के परिवार के सम्बंध आपके परिवार से अच्छे नहीं है, जिससे आपको तनाव रहता है।	☐	☐	☐	☐	☐
39. बेटी के परिवार में परेशानियां होने के कारण आप तनाव में रहते है।	☐	☐	☐	☐	☐
40. आपके अपने भाई/ बहन या दोनो से आपके सम्बंध अच्छे नही हैं, जिससे आप तनाव में रहते हैं।	☐	☐	☐	☐	☐
41. पोते –पोती के व्यहवहार आपके प्रति आदर व सम्मानपूर्वक नही है, जिससे आप तनाव में रहते हैं।	☐	☐	☐	☐	☐
42. तनावपूर्ण पारिवारिक वातावरण के कारण आप तनावग्रस्त रहते है।	☐	☐	☐	☐	☐

43. परिवार द्वारा आपकी रूचियों और भावनाओं का अनादर करने से आपको तनाव होता है।	☐	☐	☐	☐	☐
44. परिवार के लिए, लिए गये किसी आर्थिक फैसले से कर्ज होने के कारण आपको तनाव होता है।	☐	☐	☐	☐	☐
45. परिवार के सदस्यों के दूर रहने या चले जाने के कारण आपको तनाव होता है।	☐	☐	☐	☐	☐
46. सामाजिक गतिविधियों में बढ़–चढ़कर भाग नही ले पाने पर आप तनाव ग्रस्त रहते **हैं**।	☐	☐	☐	☐	☐
47. लोगो के साथ मिल–जुल न पाने/ बाते न कर पाने से आप तनाव ग्रस्त रहते **हैं**।	☐	☐	☐	☐	☐
48. समाज में जो स्थान आप बनाना चाहते थे, ऐसा न होने पर आपको तनाव रहता है।	☐	☐	☐	☐	☐
49. लोग आपकी बातों, अनुभवों का मजाक बनाते है जिससे आप तनाव ग्रस्त रहते **हैं**।	☐	☐	☐	☐	☐
50. आपके पास अपनी बातों, अनुभवों को बांटने/बताने के लिए कोई नही है जिससे आप तनाव ग्रस्त रहते **हैं**।	☐	☐	☐	☐	☐
51. अपनी बातों को बताने में आपको झिझक होती है जिससे आप तनाव में रहते **हैं**।	☐	☐	☐	☐	☐
52. आपका कोई घनिष्ट मित्र/सहयोगी नही है जिसके कारण आप अकेलापन महसूस करते **हैं**।	☐	☐	☐	☐	☐
53. दूसरे जब आप पर मेहरबानी करते है तब आपको क्रोध आ जाता **हैं**।	☐	☐	☐	☐	☐
54. दूसरों की सहायता करने या समस्याएं सुलझाने में आपको प्रसन्नता होती है पर जब जरूरत पड़ने पर वही आपका साथ नहीं देते **हैं** जिससे आपको तनाव हो जाता है।	☐	☐	☐	☐	☐
55. आपका परिवार यदि रीतिरिवाजों का पालन नही करता है तो आपको तनाव हो जाता है।	☐	☐	☐	☐	☐
56. यदि आप अपना अधिकतर समय ईश्वर की प्रार्थना में नही बिता पाते हैं तो आपको तनाव हो जाता है।	☐	☐	☐	☐	☐

Appendix "D"

वृद्धों में सामंजस्य रणनीति के आकलन हेतु साक्षात्कार विवरणिका
Scale for assessing Coping Strategies in aged Elderly

प्रतिवादी का कोड –

नाम :
आयु :

निर्देश (Instruction)

आपसे संबंधित कुछ कथन नीचे दिए गये है। कृपया उनके संबंध में पूछे जाने पर अपने अनुभव के आधार पर निम्नानुसार प्रतिकिया दीजिए–

		'हमेशा'	'अधिकतर'	'कभी–कभी'	'बहुत कम बार'	'कभी नहीं'
1	यदि प्रतिवादी पूर्णतया सहमत हैं तो '**हमेशा**' के वर्ग में सही का निशान लगायें।	√				
2	यदि प्रतिवादी सहमत है तो '**अधिकतर**' के वर्ग में सही का निशान लगायें।		√			
3	यदि प्रतिवादी कुछ हद तक सहमत है तो '**कभी–कभी**' के वर्ग में सही का निशान लगायें।			√		
4	यदि प्रतिवादी असहमत है तो '**बहुत कम बार**' के वर्ग में सही का निशान लगाये				√	
5	यदि प्रतिवादी पूर्णतया असहमत है तो '**कभी नहीं**' के वर्ग में सही का निशान लगायें।					√

क्रम सं,	कथन	'हमेशा'	'अधिकतर'	'कभी–कभी'	'बहुत कम बार'	'कभी नहीं'
1.	आप तनाव की परिस्थितियों से निकलने का प्रयास करते हैं।	☐	☐	☐	☐	☐
2.	आप समस्या के कई वैकल्पिक समाधानों पर विचार करते हैं।	☐	☐	☐	☐	☐
3.	आप स्थिति को अनावश्यक बढ़ाने–चढ़ाने के बजाय, उससे निपटने के लिए सीधी कार्यवाही करते हैं।	☐	☐	☐	☐	☐
4.	आप दबावपूर्ण स्थिति को जीवन का संभावित हिस्सा मानकर उससे सामान्य ढंग से निपटाते हैं।	☐	☐	☐	☐	☐
5.	आप जल्दबाजी न करके, सार्थक प्रयास करने के लिए उचित समय की प्रतीक्षा करते हैं।	☐	☐	☐	☐	☐
6.	आप स्थिति को एक चुनौती के रूप में स्वीकार कर इससे निपटने के लिए प्रयास करते हैं।	☐	☐	☐	☐	☐
7.	आप समस्या समाधान पर ध्यान केन्द्रित करने के लिए अन्य क्रिया कलापों को किनारे कर देते हैं।	☐	☐	☐	☐	☐
8.	आप समस्या के समाधान के लिए तर्क संगत ढंग से विचार करते हैं।	☐	☐	☐	☐	☐
9.	आप अधिक कष्ट अथवा तनाव सहकर भी समस्या के स्थाई समाधान का प्रयास करते हैं।	☐	☐	☐	☐	☐
10.	क्या आप स्थिति को स्वीकार लेते हैं, क्योंकि उसे परिवर्तित करने अथवा उससे छुटकारा पाने के लिए आप कुछ नहीं कर सकते।	☐	☐	☐	☐	☐
11.	आप स्वयं को इस आशा के साथ सांत्वना देते हैं कि अगली बार स्थिति अच्छी होगी।	☐	☐	☐	☐	☐
12.	पीढ़ियों की सोच में समय के साथ हो रहे बदलाव को सामान्य मानकर अपना लेते हैं।	☐	☐	☐	☐	☐
13.	आप स्थिति की माँगों को पूरा करने के लिए अधिक समय देते हैं तथा परिश्रम करते हैं।	☐	☐	☐	☐	☐
14.	आप अपनी कुछ जिम्मेदारियों को दूसरों की मदद से पूरा करते हैं।	☐	☐	☐	☐	☐
15.	आप वास्तविकता को स्वीकार कर लेते हैं व स्वयं में परिवर्तन लाने का प्रयास प्रारम्भ कर देते हैं।	☐	☐	☐	☐	☐
16.	आप उत्तेजक भावनाओं को अपने ही अन्दर दबाए रखते हैं तथा उदास मन से समस्या से निपटते हैं।	☐	☐	☐	☐	☐

17.	समस्या के समाधान के सम्बन्ध में आप उन लोगों से विचार विमर्श करते हैं, जो कुछ ठोस कर सकने में सक्षम हैं।	☐	☐	☐	☐	☐
18.	आप स्थिति से निपटने के लिए दूसरों की सहानुभूति तथा सहयोग प्राप्त करने का प्रयास करते हैं।	☐	☐	☐	☐	☐
19.	आप परिस्थिति से निपटने के लिए अनुभवी लोगों से विचार विमर्श करते हैं।	☐	☐	☐	☐	☐
20.	आप दूसरों से बाते करके अपना तनाव कम करने कोशिश करते हैं।	☐	☐	☐	☐	☐
21.	आप इस विश्वास के साथ स्थिति को यथावत् से चलने देते हैं कि समय के साथ समस्याओं का समाधान स्वयं हो जाता है।	☐	☐	☐	☐	☐
22.	आप समस्या के समाधान को औरो पर छोड देते हैं।	☐	☐	☐	☐	☐
23.	आप शालीनता के साथ स्थिति से बिलकुल अलग हो जाते हैं।	☐	☐	☐	☐	☐
24.	आप समस्या समाधान के सम्बन्ध में कोई निर्णय लेने या कार्यवाही टाल जाते हैं।	☐	☐	☐	☐	☐
25.	''यही सब कुछ नहीं है'' आप यह सोचकर कि स्थिति को बहुत गंभीरता से नहीं लेते।	☐	☐	☐	☐	☐
26.	आप समस्यात्मक स्थिति से अस्थाई रूप से पीछे हट जाते हैं।	☐	☐	☐	☐	☐
27.	आप स्थिति को किनारे छोड़ कर दूसरों के बीच समय व्यतीत करते है।	☐	☐	☐	☐	☐
28.	आप ऐसा सोचते है कि स्थिति या घटना आप के साथ हुई ही नहीं हैं।	☐	☐	☐	☐	☐
29.	आप स्थिति की अनदेखी करके उससे बचने की कोशिश करते हैं।	☐	☐	☐	☐	☐
30.	समस्यात्मक परिस्थिति को अनदेखा करके आप अपने सहयोगी/रिश्तेदारों के घर चले जाते हैं।	☐	☐	☐	☐	☐
31.	समस्या के समधान के लिए आप साधु–संतो का सहारा लेते हैं।	☐	☐	☐	☐	☐
32.	समस्या के समधान के लिए आप योग, दर्शन, आध्यात्म एवं धार्मिक चिन्तन का सहारा लेते हैं।	☐	☐	☐	☐	☐
33.	आप स्थिति को भाग्य का फल अथवा ईश्वर की इच्छा मानकर उससे सामान्य ढंग से निपटने का प्रयास करते हैं।	☐	☐	☐	☐	☐
34.	परिस्थतियों के सुधार हेतु आप धार्मिक कार्यो में ज्यादा समय व्यतीत करने लगते हैं।	☐	☐	☐	☐	☐

35.	आप इस बात से अपने आप को सांत्वना देते हैं कि स्थिति उतनी बुरी नहीं है जितनी हो सकती थी तथा सकारात्मक भाव से उससे निपटते हैं.।	☐	☐	☐	☐	☐
36.	आप स्थिति के वांछित परिणामों को ध्यान में रखकर इससे सकारात्मक भाव से निपटते हैं।	☐	☐	☐	☐	☐
37.	आप अपने करीबी दोस्तों से विचार विमर्श कर समस्या का समाधान करने की कोशिश करते हैं।	☐	☐	☐	☐	☐
38.	आप अपने करीबी रिश्तेदारों से विचार विमर्श कर समस्या का समाधान करने की कोशिश करते हैं।	☐	☐	☐	☐	☐
39.	आप ऐसी काल्पनिक बातों या चीजों के बारे में सोचने लगते हैं जिनसे सुख या प्रसन्नता की अनुभूति होती है।	☐	☐	☐	☐	☐
40.	आप ऐसे कार्य करना प्रारम्भ कर देते हैं जिनसे आपको सुख या प्रसन्नता की अनुभूति होती है।	☐	☐	☐	☐	☐
41.	परिवार से कम प्यार मिलना बहुत तकलीफदेह होता है इसलिए आप दूसरों को अधिक से अधिक प्यार बांटने का प्रयत्न करते हैं।	☐	☐	☐	☐	☐
42.	आप धूम्रपान अथवा/मद्यपान की मात्रा बढ़ा देते हैं।	☐	☐	☐	☐	☐
43.	आप स्थिति से छुटकारा पाने के लिए संक्षिप्त या सामाजिक रूप से निषिद्ध तरीकों को अपनाते हैं।	☐	☐	☐	☐	☐
44.	स्थिति को नजरअन्दाज करने के लिए मनोरंजन के क्रिया–कलापों की और उन्मुक्त हो जाते हैं। जिनसे तत्काल राहत मिलने की पूरी सम्भावना होती है।	☐	☐	☐	☐	☐
45.	स्थिति के लिए जिम्मेदार व्यक्ति पर आप आक्रमक प्रतिक्रिया करते हैं।	☐	☐	☐	☐	☐
46.	समस्याओं को सुलझा ना पाने की स्थिति में दूसरों को दोष देते हैं।	☐	☐	☐	☐	☐
47.	आप समस्या को नकार देते हैं।	☐	☐	☐	☐	☐
48.	अपनी वर्तमान परिस्थिति को पिछले जन्म का दोष मानते हैं।	☐	☐	☐	☐	☐
49.	आप अपनी जरूरतें नौकर, आया, आदि की मदद से पूरा करते हैं।	☐	☐	☐	☐	☐
50.	आप अपनी जरूरतों को किसी संस्था की की मदद से पूरा करते हैं।	☐	☐	☐	☐	☐

Appendix "E"

वृद्ध माता–पिता के जीवन संतुष्टि, तनाव एवं सामंजस्य रणनीति के प्रति दृष्टिकोण हेतु साक्षात्कार विवरणिका

नाम : .....

आयु : .....

वृद्ध से सम्बन्ध : .....

निर्देष (Instruction)

आपसे संबंधित कुछ कथन नीचे दिए गये हैं। कृपया उनके संबंध में पूछे जाने पर अपने अनुभव के आधार पर निम्नानुसार प्रतिक्रिया दीजिए–

कम सं0	कथन	'हाँ	'नही '
	जीवन संतुष्टि, आकलन हेतु प्रश्न		
1.	आपको लगता है कि आपके माता/पिता अपनी वर्तमान पहचान से संतुष्ट हैं। यदि नही ंतो कारण स्पष्ट करें	☐	☐
	....		
2.	क्या आपके माता/पिता की निर्णय लेने की क्षमता में पहले कि अपेक्षा में बदलाव आया है कि यदि हां तो कारण स्पष्ट करें।	☐	☐
	....		

3.	क्या आपके माता पिता अपनी वर्तमान स्थिति को पहले के समय से तुलना करते हैं। यदि हां तो किन पहलुओं पर	☐	☐
4.	माता पिता के लिय जीवन की गुणवत्ता में सुधार करने के लिए क्या प्रयास करना चाहिए। परिवार में उनकी और **आवश्कता** के महत्व को बनाये रहना चाहिए। उन्हें परिवार एवं दोस्तों से जुड़े रहने के लिए प्रोत्साहित करना चाहिए। नियमित शारीरिक गतिविधियों को प्रोत्साहित करना चाहिए। अन्य	☐ ☐ ☐	
5.	आप अपने माता पिता के स्वास्थ्य को समान्य रूप से कैसे आंकेगे। सामान्य ☐ पहले से बेहतर ☐ पहले से खराब ☐	☐	

6.	आपके माता–पिता को अपने को स्वास्थ्य रखने या स्वास्थ्य को बेहतर बनाने के लिये क्या करना चाहिए सैर करना ☐ पौष्टिक भोजन ☐ सामाजिक गतिविधियों में प्रतिभाग ☐ सकारात्मक दृष्टिकोण ☐ स्वस्थ्य रहने की आदते ☐ अन्य ☐		
7.	क्या ऐसे कोई कारणर है जो आपके माता–पिता को शारीरिक रूप से अधिक सक्रिय होने से रोकते हैं यदि हां तो कारणा स्पष्ट करें स्वास्थ्य ☐ मौसम ☐ सड़कों पर असुरक्षित महसूस करते हैं ☐ परिवहन की समस्या ☐ अन्य ☐	☐	☐
8	आपके माता–पिता सीमित आय से सन्तुष्ट हैं यदि नहीं तो कारण स्पष्ट करें–	☐	☐

9	आपको लगता है कि आपके माता–पिता के जीवन शैली पर उनकी सीमित आय का क्या प्रभाव पड़ा है–	☐	☐
10	आपके माता–पिता के पास भविष्य की जरूरतों को पूरा करने के लिये आय की बचत है– यदि नहीं तो आकस्मिक जरूरतों के पड़ने पर कौन सहयोग करता है–	☐	☐
11.	आपके माता–पिता ने भविष्य की जरूरतों को पूरा करने के लिये आर्थिक रूप से क्या कोई योजना बनाई है यदि हां तो स्पष्ट करें–	☐	☐
12.	आप या परिवार के सदस्यों द्वारा नियमित गतिविधियों में माता–पिता की सहायता करने पर वो कैसा महसूस करते हैं आत्मविष्वास में बढ़ोत्तरी ☐ सुरक्षित महसूस करते है ☐ अन्य ☐		

13.	आप अपने माता पिता की वर्तमान दिनचर्या से सन्तुष्ट हैं यदि नहीं तो स्पष्ट करें	☐	☐
14.	आप द्वारा माता पिता की नियमित गतिविधियों में सहायता करने में कोई क्या कोई **परेशानी** की सामना करना पड़ता है– यदि हां तो स्पष्ट करें	☐	☐
15.	आपको लगता है कि आपके माता–पिता अपने जीवन की उपलब्धियों से सन्तुष्ट हैं – यदि नहीं तो स्पष्ट करें –	☐	☐
16.	आपके माता–पिता के अपने परिवार के प्रति की गयी जिम्मेदारियों से सन्तुष्ट हैं – यदि नहीं तो स्पष्ट करें –	☐	☐

17.	आपको लगता है कि आपके माता–पिता समाज में अपने स्थान से सन्तुष्ट हैं – यदि नहीं तो स्पष्ट करें –	☐	☐
18.	आपको लगता है कि वृद्धावस्था में आने पर पारिवारिक **रिश्तों** पर प्रभाव पड़ता है – यदि हां तो कारण स्पष्ट करें –	☐	☐
19.	क्या आपने अपने माता–पिता की वर्तमान अवस्था से होने वाले परिवर्तन के कारण परिवार के वातावरण में कोई बदलाव महसूस किया है – यदि हां तो स्पष्ट करें –	☐	☐

20.	परिवार में आपके और माता–पिता के बीच सामान्यता किस बात को लेकर विवाद होता है –		
21.	आपके अनुसार वृद्धावस्था में सामाजिक गतिविधियों में प्रतिभाग करना क्यों लाभदायक है –	☐	☐
22.	आपके अनुसार वृद्धावस्था में सामाजिक गतिविधियों में प्रतिभाग करना क्यों लाभदायक है –		
23.	क्या आपको लगता है कि वृद्धावस्था में आने पर लोग सामाजिक गतिविधियों में कम दिलचस्पी लेते हैं–	☐	☐
24.	आपके माता पिता के वर्तमान में सामाजिक गतिविधियों में प्रतिभाग करने में क्या कोई बदलाव आया है –	☐	☐

	तनाव आकलन हेतु प्रश्नावली		
1.	आपके अनुसार क्या आपके माता पिता अपनी वर्तमान पहचान को लेकर तनावग्रस्त महसूस करते हैं –	☐	☐
2.	आपके माता पिता मुख्यतः किन बिन्दुओं पर तनाावग्रस्त रहते हैं –	☐	☐
3.	आपके अनुसार माता–पिता के तनाव को दूर करने के लिए परिवार को क्या करना चाहिए –	☐	☐
	सामंजस्य रणनीति के आकलन हेतु प्रश्न		
1.	आपके अनुसार माता–पिता के सामंजस्य रणनीति में क्या बाधक है – खराब स्वास्थ्य कमजोर सामाजिक समर्थन ☐ लगातार कम समय में अचानक कुछ घटना ☐ आर्थिक कठिनाई ☐ अन्य ☐		
2.	आपके अनुसार माता–पिता के सामंजस्य रणनीति में क्या बाधक है खराब स्वास्थ्य ☐ कमजोर सामाजिक समर्थन ☐ लगातार कम समय में अचानक कुछ घटना ☐ आर्थिक कठिनाई ☐ अन्य		

3.	क्या आपने माता–पिता के तनाव को दूर करने के लिए किसी सलाहकार या संस्था से संपर्क करने कि जरूरत समझी है – यदि हां तो किन बिन्दुओं पर	☐	☐
4.	वर्तमान **परिदृश्य** में वृद्ध बुजुर्गों की बेहतरी के लिए कोई सुझाव	☐	☐

PUBLISHED RESEARCH ARTICLES

Sr. No.	Title	Journal Name	Year	Vol, Page No.	NAAS Score
1	A study on assessment of life satisfaction of aged elderly living with family	Indian Journal of Health and Well being	2020	11 (10-12): 600-604	4.13
2	Familial perception: Characteristics of good and poor elderly adjustment	International Journal of Education & Management Studies	2020	10(4):444-446	4.79
3	Family members attitude towards stress management of aged elderly	International Journal of Education & Management Studies	2020	10(4):463-465	4.79
4	Views on improving quality of life of aged elderly: A study	Indian Journal of Health and Well-being	2020	11(10-12): 589-591	4.13
5	Life satisfaction and aged elderly: A review	Indian Journal of Positive Psychology	2019	10(2): 106-110	4.64
6	Stress of aged elderly	Indian Journal of Health and Well-being	2019	10(4-6): 162-165	4.13
7	The copping pattern of aged: A review	Indian Journal of Health and Well being	2019	10(7-9): 241-245	4.13
8	Mental health and aging in India	International Journal of Applied Home Science	2018	5(3): 714-720	

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A study on assessment of life satisfaction of aged elderly living with family

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The present study was conducted in Kanpur city, of Uttar Pradesh State. The purpose of the study was to assess the level of life satisfaction among aged elderly. Four wards were selected randomly for the study. The subjects comprised of aged elderly belonging to middle income group who resided within the municipal limits of the city. The sample comprised of 150 families (150 male & their150 female spouses). Life satisfaction Scale (Ansari & Dhakar, 2014) was administered to each aged to assess the level of life satisfaction. Majority of aged men and women had low satisfaction with respect to their personal status, health status, financial status, routine activities, familial relationship and social relationship. Maximum of aged men had low level of life satisfaction on personal achievement while majority of aged women were found in category of moderate level of life satisfaction.

Keywords: aged elderly, ageing, life satisfaction, quality of life

Life-Satisfaction is the way a person perceives life. It is a measure of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life. It is having favourable attitude of one's life as a whole rather than their present feelings. Life-Satisfaction has been measured in relation to economic standing, amount of education, experiences and the people's residence as well as many other factors. World Health Organization (1997) defines Life-Satisfaction as individual's perception of their position in life in the context of the culture and value systems in which they live, and in relation to their expectations and standards. Life-Satisfaction can be affected by the person's physical health, level of independence, social relationships and relationships to salient features of his environment.

One of the significant aspects of the lives of older people is their feeling of life-satisfaction. The feeling of satisfaction with their lives offers a sense of contentment and fulfillment of a large portion of their felt needs. When the life satisfaction is addressed, generally a satisfaction related to whole life experience is understood, rather than the satisfaction pertaining to a certain condition. In ageing process, elderly generally faces fear physiological and psychological problem/issues try to cope up and manage their stress via different Coping mechanisms. This helps to ventilate emotions. Aging an irreversible degenerative process, aging is associated with changes in variety of external and internal factors including health, socio-economic status after retirement, caring, and existence of social support groups. Research shows that successful aging heavily depends on the so-called 'subjective well-being' and life satisfaction. Life satisfaction is an individualized, subjective assessment of a person's QOL according to his or her chosen criteria (Baltes, 2000). Diener (1985) defined life satisfaction as a cognitive judgmental global evaluation of one's life. It may be influenced by affect but is not itself a direct measure of emotion. In gerontology, life satisfaction is a concept frequently used to assess subjective well-being. As a subjective expression of quality of life (QOL), Life Satisfaction (LS) is a forecaster of longevity and morbidity, disease and injury. Quality of life (QOL) is a multidimensional concept including physical, psychological, social, and economic components. Research has found that the effect of physical disability or chronic illness cannot be appreciated without taking into consideration both the specific areas of functioning affected by the person's condition and those aspects of QOL (social, psychological & functional) that are of particular importance to the individual (Lueckenotte, 2000). As per the WHO (2013) four factors which directly influences the level of Life satisfaction among the elderly are: physical health condition, mental health condition, social relationship and environment. For improving LS among the elderly, it is necessary to consider factors like satisfaction in residential environment, neighbourhood relationship, economic status, maintaining friendship, family relationship, physical health condition, satisfaction in marital status, job or career, and lastly, satisfaction in others aspect of life. Life-Satisfaction continues to be an important construct in the psycho-social study of aging. It is one of the commonly accepted subjective conditions of Quality of Life and seems to be one of the facets of successful aging, both of which are key concepts in aging. Research reports that Life-Satisfaction is strongly related to socio-demographic and psycho-social variables (Iyer, 2003). Life satisfaction has been conceptualized as a cognitive constituent of subjective well-being. High satisfaction suggests that the quality of life, in the population concerned, is good. Low satisfaction on the other hand marks serious shortcomings of some kind. This is consistent with Bradley and Corwyn (2004) who say that life satisfaction reflects both the extent to which basic needs are met

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and the extent to which a variety of other goals are viewed as attainable. From this perspective it reasonable seems that by realization of more goals, satisfaction with life will also increase.

Rationale of the study

The main problems which old people face are economic hardship, health problems and lack of emotional support. Problems are more intensified because of the general decrease of their physical strength. Self-care becomes impossible day by day, personality traits also change due to senescence, and the family also goes through stressful days which disturb relationships. Seeking outside help to look after the aged person is not possible due to variety of reasons. We should never forget that there is no escape from the old age and everyone has to pass through this phase of life. If we start thinking positively by change in attitude and behaviour towards them neither old age will no longer be a problem for the elderly, the family and the society nor aged elderly will feel old age as curse or anybody else. Acknowledging that role of family support through presence, companionship, affection, empathy, listening, to the aged parents play an important role in adults' perceptions and a better understanding of the underlying psychological mechanisms of aged adults. Family support Intervention approaches could increase the awareness of age-associated events such as declining one's parental health, psychosocial and familial issues as this may not only help to promote positive views about aged parents and to attenuate negative views on aging, but in turn may also enhance one's own aging processes.

AIMS of the study

To assess life satisfaction of elderly living with family.

Data was gathered in order to know the life satisfaction of respondents with respect to various aspects like Personal, health, financial, routine activities, personal achievement, familial relationship and social relationship. Majority of aged men and women had low satisfaction with respect to their personal status, health status, financial status, routine activities, familial relationship and social relationship. Maximum of aged men had low level of life satisfaction on personal achievement while majority of aged women were found in category of moderate level of life satisfaction.

Method

Participants

The sample comprised of 150 families (150 male & their150 female spouses) from four wards of Kanpur city of Uttar Pradesh. The subjects 'belonged to middle socioeconomic strata.

The sample consisted of 300 senior citizens who meet criteria, listed below.

Inclusion criteria and exclusion criteria

- The subjects comprised of aged elderly belonging to middle income group included.
- 60 years and above included.
- Male and female included.
- Elderly people who are willing to participate in the study included.
- Elderly people who are available at the time of the study included.
- Old age people who are seriously ill during the data collection period excluded.
- Old age people who are not willing to participate excluded.
- Bed ridden excluded
- divangya Janexcluded
- Widower and widowed excluded
- who have participated in the pilot study excluded

Research design

For the present study, a descriptive design was adopted to assess the level life satisfaction.

Instrument

Life Satisfaction Scale (Ansari & Dhakar, 2014) was administered to each aged to assess the level of life satisfaction.

The items of Life Satisfaction scale were classified into seven major aspects

- Personal Status,
- Health Status,
- Financial Status,
- Routine Activities,
- Personal Achievement,
- Familial Relationship,
- Social relationship.

The scale was scrutinized and content validated by a team of experts and was field tested. Split half method was used to establish the reliability of the tool. In totality 60 questions were incorporated in this tool. Five response options were provided for each question, viz., fully agree / agree / agree to some extent / disagree / fully disagree, which were assigned as 5, 4, 3, 2, and1 marks respectively. The sum of marks obtained for the entire scale, reflected various level of life satisfaction in such a way, that the higher the scores higher is the life satisfaction and vice versa.

Procedure

The data was collected in two phases. Data collection phase Iincluded different stages. In stage I, Preliminary survey was done on 300 families. Out of which 150 middle income families with elderly spouses were randomly drawn for background survey. In II stage pre-test was done on 150 families (300 spouses) to find out level of life satisfaction. Mean percentage was used to assess the level of life satisfaction.

Ranges were calculated for obtained score for each aspect of life satisfaction for determine the minimum and the maximum length of the 5 responses and then divided by five as it is the greatest value of the scale.

Mean percent is calculated from obtained raw scores and further converted in to interpret in 5 different categories for level of Life satisfaction very high, high, moderate, low and very low.

Table 1

S.N.	Aspect of Life Satisfaction	Ranges for scores for five Responses				
		Fully Agree	Agree	Agree some extent	Disagree	Fully disagree
1.	Personal Status	43-50	35-42	27-34	19-26	10-18
2.	Health Status	38-45	31-37	24-30	17-23	9-16
3.	Financial Status	17-20	14-16	11-13	8-10	4-07
4.	Routine Activities	31and above	25-30	19-24	13-18	7-12
5.	Personal Achievement	43-50	35-42	27-34	19-26	10-18
6.	Familial Relationship	48 and above	39-47	30-38	21-29	11-20
7.	Social Relationship	43-50	35-42	27-34	19-26	10-18

Table 2

S.N.	Aspect	Ranges of Mean Percent				
		Very High	High	Moderate	Low	Very Low
1.	Life Satisfaction	80 and above	65-79	50-64	35-49	20-34

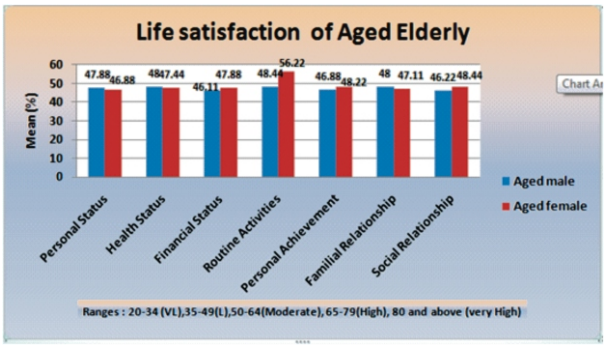
Results and discussion

Life-Satisfaction is the way a person perceives life. It is a measure of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life. It is having favourable attitude of one's life as a whole rather than their present feelings. Life-Satisfaction has been measured in relation to economic standing, amount of education, experiences and the people's residence as well as many other factors. World Health Organization (1997) defines Life-Satisfaction as individual's perception of their position in life in the context of the culture and value systems in which they live, and in relation to their expectations and standards. Life-Satisfaction can be affected by the person's physical health, level of independence, social relationships and relationships to salient features of his environment. Data was gathered in order to know the life satisfaction of respondents with respect to various aspects like Personal, health, financial, routine activities, personal achievement, familial relationship and social relationship.

Personal status

Life satisfaction among the elderly has become an important issue. Aging is usually associated with declining economic resources, decreasing cognitive ability, deteriorating physical health and weakening social support and these changes in life circumstances affect life satisfaction. Life-Satisfaction continues to be an important construct in the psycho-social study of aging. It is one of the commonly accepted subjective conditions of Quality of Life and seems to be one of the facets of successful aging, both of which are key concepts in aging. Research reports that Life-Satisfaction is strongly related to socio-demographic and psycho-social variables (Iyer, 2003).

Data concerning to the life satisfaction of respondents with respect to Personal status revealed that aged elderly men (47.88) as well as women (46.88) had low satisfaction. They mentioned that they were experiencing low in self identity, self-esteem and self efficacy and reported reasons were their limited interactions with others, inability of family members and younger generation to adjust well with them and people around them interacts differently than when they were younger. The other reasons reported by them inadequate ability to full fill basic needs, unable to work independently which compelled them to depend on others thus affecting their self-esteem and self - efficacy.



Health status

The ageing process is characterized by physical changes. It is widely assumed, that a good physical health is imperative for life satisfaction in old age. It is important to acknowledge the changes that occur within us as we age. However, the chronic and often irreversible nature of health deterioration impacts Life Satisfaction which not only depends on care and treatment received by elderly but also depends on mental support from family. The data was gathered in order to know the Life satisfaction of aged men and women and obtained with respect to health status revealed that aged men well as of women had low life satisfaction with respect to their health status. The reason reported for the low satisfaction among aged was economic dependency on family members, lack of availability of support systems for medical treatment, lack of proper transport facilities and personal help, and responsibility of care of their spouses especially in case of aged women who were concerned for all things in patriarchal society for their spouses despite of having health issues. They also expressed that family members do

take care of them when they face health related issues, there are many instances where children do not care for them and they are forced to manage the problem either on their own or with the help of their spouse this effects their self. They were of the view that accepting the changes and letting go of things that are out of control will reduce stress levels, awareness about health schemes, and getting support from family members to access health care services helps is crucial in preventing and maintaining health problems especially in old age.

Financial status

Financial well-being is a key determinant of one's life satisfaction later in life. The aged people experience financial constraint as they are not in a position to earn their livelihoods and also their savings are not enough to meet the medical expenses and other household responsibilities. Financial situation is another reality that the elderly face, mainly due to the reduction of personal income. Family support is inevitably crucial for elderly in India, mainly because of two reasons: Firstly, insufficient old age savings this situation arises because earning capacity of working age, in most of the cases, is not sufficient enough to generate adequate savings for old age (Bhattacharya, 2005); and secondly, inadequate old-age social security from both government (Narayana, 2011); as well as, informal sector employer (Unni & Raveendran, 2007; Naik, 2009). The data concerning to life satisfaction of aged on financial aspect reveals that majority (46.11) of aged women had low level of satisfaction with respect to their financial status as they mentioned that financial status is directly connected with financial dependence which can be seen in previous data in the study in which most of them had no source of income at their own and use to depend on family for their needs. In the case of aged men maximum (47.11) had low level of satisfaction as they reported that with meagre and limited income, either little or no savings, lack of sharing of their children in expenses on household responsibilities, medical expenses, children education and marriage, etc. It difficult to manage which makes them dissatisfied. Aggarwal (2003) also reported that income level is directly related to the life satisfaction in such a way that aged people with high income have higher level of satisfaction and positive attitude towards aging than aged with lower income level. The findings are also supported by Maheswaran and Ranjit (2013) who focused on LS and influence of demographic factors on LS of the elderly people. Results indicated that majority of the respondents had low level of LS. Moreover, the demographic factors namely gender and habit of savings directly influences the level of LS of the elderly respondents.

Routine activity

Self-care activities include such basic functions as eating, dressing, bathing and the use of the toilet etc. Older people who are not able to manage daily life by themselves may have a different view of life satisfaction than those with preserved self-care capacity (Choudhary, 2013). Data was gathered to know about the level of life satisfaction with respect to routine activities and the captured data revealed that majority (56.22) of the aged women had moderate level of life satisfaction in connection with activities of daily routine as they only required supervision while majority (48.44) of aged men aged had low level of life satisfaction in context to their routine activities as they used to depend on others and required assistance from their children and grand children for their daily activities such as moving about inside the house, going to toilet, taking bath, washing clothes etc. The findings of the Present study are supported by study done by Ansari and Dhakar (2014) who found that advancing age affects the activity pattern of elderly. As the age increases, the elderly become less active due to physical deterioration but support from caretakers resulted in moderate satisfaction for carrying out routine activity.

Personal achievement

Life satisfaction (LS) is an important component of successful aging. However, it differs from person to person which depends on various factors. Some accomplish a sense of fulfillment and satisfaction in old age, while others turn harsh and hostile to the changes of old age and express unhappiness on the decline of their physical activities and changing socio economic status. According to Erik Erikson's theory Ego integrity versus despair is the eighth and final stage psychosocial development. This stage begins at approximately age 65 and ends at death. It is during this time that we contemplate our accomplishments and can develop integrity if we see ourselves as leading a successful life. Erik Erikson believed if we see our lives as unproductive, feel guilt about our past, or feel that we did not accomplish our life goals, we become dissatisfied with life and develop despair, often leading to depression and hopelessness. Success in this stage will lead to the virtue of wisdom. Wisdom enables a person to look back on their life with a sense of closure and completeness, and also accept death without fear. The captured data revealed that maximum 48.66 aged men had low level of life satisfaction on personal achievement as they mentioned some of the reasons that they were experiencing retirement as a negative event due to a decrease in income, loss of status and power, negligence of family members in decision making and lack of planning for future. Elderly expressed that no one needs them, all they have learned previously, and the whole experience becomes useless. Findings of the study are in line with study done by Yeh (2004) who pointed out that life satisfaction of elderly was positively correlated to the social support received by them which was in turn affected by their personal and professional achievement. Similarly, the study by Ansari and Dhakar (2014) showed that aged living had low level of life satisfaction regarding their personal status. The reason for lower life satisfaction in personal self was due to inadequate ability of subjects to fulfill their needs, and to carry out their work which probably increased their dependency on others thus affecting their self-esteem and their self-efficacy. Moreover, the respondents felt that their importance amongst others had decreased which created a sense of incompleteness about themselves.

Familial relationships

The family systems have been influential in safeguarding the social and economic security of the elderly people in the country. However, due to the rapid changes the elderly people are likely to be exposed to emotional, physical and financial insecurity. Quality of family relationships and diversity of family structures is significant in shaping an individual's well-being and it becomes even more important in old age as needs for care giving increase, social circle becomes less central in their lives and financial dependency on family members also impact on relationship. The obtained data revealed that majority (48) of elderly men and slightly less (47.11) had low level of life satisfaction with respect to their familial relationship and most of them reasoned that their home environment is not very conducive to stay happily as they mentioned that their children feel pressure and realized them as burden. Some of the

other reasons were day to day conflict with daughter in law and children, reluctant attitude regarding needs and wants, non-involvement in decision making, clashes of opinion, lack of support and motivation for activities of area of interest feel them ignored and rejected and which in turns affect family relations adversely. The results can be explained in the light of findings of Jindal (2005) which reported that the aged who were facilitated with familial care and support portrayed high satisfaction for their familial relationship and aged who were deprived for the same reported lower satisfaction.

Social relationships

Satisfying social relationships were viewed as an attribute to aging well at both familial and community levels. Social relationships have powerful effects on individual's life span. Age-related changes also changes social roles. Individuals with richer networks of active social relationships tend to be more satisfied and happier with their lives. Social participation is a very valuable concept in old age since it is considered as one of the most important components of the elderly people' health, and a key component of many functional conceptual models in the elderly (Bukov et al., 2002). Several studies indicate that diseases, mortality, and quality of life of the elderly are related to their social participation (Levasseur et al., 2010). Maintaining social participation in late life has a positive influence on quality of life, psychological well-being and health. Continued social functioning is a commonly proposed domain of successful ageing (Bowling & Dieppe, 2005). According to World Health Organization (2002), inadequate social support is associated with an increase in mortality, morbidity, psychological distress and with a decrease in overall general health and well-being. Data was gathered to find out level of life satisfaction with respect to the social relationships and it was found that majority (48.44) of aged elderly men and 46.22 women had low level of life satisfaction as they reported that they usually had less interaction in social circle, due to financial constraints/economic hardship and also due to limited mobility due to this they can't enjoy the same events and friendships they once did which makes them dissatisfied. Respondents explained their reduced social participation in terms of physical health problems that prevented them from moving around the neighbourhood. Specific problems mentioned included: arthritis, back problems, knee problems, restricted mobility, diabetes, hypertension, hearing and visual impairments, etc. Older adults also expressed the link between physical difficulties and reduced social participation in terms of diminished energy levels, which made activities and outings more effortful. Some of the aged stated that reduced social participation was associated with the onset of time-consuming caregiving duties at home, such as looking after a sick spouse or babysitting of grandchildren. In order to alleviate social problems, it is vital for the individuals to form a good circle of friends and interact with relatives, friends, caregivers and neighbours. The findings of the present study are in line with the results of Das and Satsangi (2008) and Shyam and Devi (2006) who observed a significant positive correlation between social support, life satisfaction and subjective well being among elderly Indian. It is perceived that deprivation of social setting is one of the major reasons of low level of satisfaction in the context of social relationship.

Conclusion

The findings of the study reveal that the old age persons had low life satisfaction. Therefore, there is a need to sensitize the family members about their responsibilities towards old age people because role of family members is vital in improving the emotional well being of the old age people. There is need to protect and strengthen the institution of the family and provide such support services as would enable the family to cope with its responsibilities of taking care of the elderly. Along with proper and effective professional welfare services that need to be evolved to provide counselling services both to the elderly and their family members.

Limitations and future directions

- The study was limited to aged between 60-80 years.
- Aged belonging to middle socio-economic strata with per capita income of Rs. 5000/7000 only.
- Special need cases were not included in study.
- During the survey many respondents were reluctant to share the intimate details about family issues that they have suffered in their lives.
- The present study is conducted in urban settings in middle income group, the similar study can be conducted in rural areas.
- The present study is conducted in urban settings in middle, the similar study can be conducted in high and low income group.

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Familial perception: Characteristics of good and poor elderly adjustment

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The present study was conducted in Kanpur city, of Uttar Pradesh State. The purpose of the study was to know the familial perception towards for improving quality of their elderly parents. Four wards were selected randomly for the study. Self structured Interview Schedule for family Cohesion, communication and adaptability was used towards their aged elderly parents which consisted of both open ended and closed ended questions. A total of 150 family members were interviewed in which maximum 137 were children and rest 13 were daughter in law of aged elderly. The data was analyzed in terms of frequency and percentage. The study found that for majority of the respondents ability to enjoy present activities without comparing the past was one of the most indicator of good adjustment and wish for things to be the same as they were younger and resist to any changes was poor adjustment characteristics for most of the respondents.

Keywords: adaptability, aged elderly, ageing, good adjustment, poor adjustment

The ability to adapt to a rapidly changing environment facilitates positive outcomes (Wilkins et al., 2014). Specifically, adaptability refers to "an individual's ability, skill, disposition, willingness, and/or motivation to change or fit different task, social, or environmental features" (Ployhart & Bliese, 2006). Adaptability is considered to be a key source of mental resources. Individuals with a high level of adaptability can reserve more psychological resources than individuals with a low level of adaptability. Psychological resources are especially important for newcomers who are encountering a totally new environment. The increasingly changing nature of modern life requires individuals to constantly improve their ability to adapt. To adapt to changing circumstances, individuals have to exhibit adaptability both in cognition and behavior (Ployhart & Bliese, 2006). Adaptability and social support are both positive factors in the psychological health domain, and they should jointly promote life satisfaction Zhou and Lin (2016). Successful aging has been seen as a general process of adaptation, described as the selective optimization with compensation (SOC Selection, Optimization, & Compensation). This model presupposes that the three elements selection, optimization and compensation constitute the basic component processes for changes regarding aging and adaptive capacity, and that the three always interact (Baltes & Smith, 2003). Adjustment to aging (AtA) is a multidimensional function of the dynamic interaction of elements such as autonomy, control, self-acceptance, personal growth, positive social network, purpose in life (Staudinger & Kunzmann, 2005). Being satisfied with one's own aging is expression of positive self-perceptions of aging (Levy, 2003). Adjustment may take place by adapting the self to the environment or by changing the environment (Campbell, 1996). Adjustment is the harmonious relationship with the environment in which most individual needs are satisfied in socially acceptable ways, and resulting in forms of behaviour which may range from passive conformity to vigorous action. Occasionally in the use of the term adjustment we imply that the most desirable state of adjustment is one in which the individual is perfectly happy and satisfied with all aspects of his life(socially, financially, emotionally etc) and one in which he has reached the level in all his contacts with his contacts with his environment that he would be glad to see persist through his life (Purohit, 2016). Successful aging as an umbrella term overlaps with a variety of concepts such as positive aging, aging well, productive aging, and healthy aging. One of the fundamental issues underlying the debate is how successful aging should be defined by objective criteria or is it a subjective value judgment (Pruchno et al., 2010). Attitudes of grown children towards their elderly parents and frequent associations with them contribute to good personal and social adjustment on the part of the Elderly. A resistant attitude toward aging and to adjustment to changes in aging brings a serious obstacle to successful adjustment in old age. Older persons are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their over-all quality of life (Badami et al., 2016).

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Aim of the study

To know the familial perception towards for improving quality of their elderly parents.

Method

Participants

The sample comprised of 150 families (150 male & their150 female spouses. The subjects 'belonged to middle socioeconomic strata.

The sample consisted of 300 senior citizens who meet criteria, listed below.

Inclusion and exclusion criteria

The subjects comprised of aged elderly belonging to middle income group

- Senior citizen who is 60 years and above included
- Male and female both aged elderly included
- Elderly people who are willing to participate in the study included.
- Elderly people who are available at the time of the study included.
- Old age people who are seriously ill during the data collection period excluded.
- Old age people who are not willing to participate excluded.
- Bed ridden excluded.
- Divangya Jan excluded.
- Widower and widowed excluded.
- who have participated in the pilot study excluded.

Research design

For the present study, a descriptive research design was adopted for the present study. The study was conducted in Kanpur city of Uttar Pradesh. Four wards were selected randomly for the study. The sample comprised of 150 families. The subjects 'belonged to middle socioeconomic strata.

Instrument

Self-structured Interview Schedule for family Cohesion, communication and adaptability was used towards their aged elderly parents which consisted of both open ended and closed ended questions.

Data analysis

The data was analyzed in terms of frequency and percentage.

Procedure

Firstly, the respondents of the present study were approached, those who met the inclusion and exclusion criteria were identified and informed and consent was obtained for data collection. Aged elderly (150 male & their150 female spouses) living with family in urban areas of Kanpur Nagar, Uttar Pradesh were interviewed.

Statistical analysis

The subjects belonging to middle income group who resided within the municipal limits of the city. After which the scoring and the statistical analysis were performed.

Results and discussion

Table 1

Good adjustment characteristics

S.N.	Characteristics of good Adjustment for aged elderly	Frequency	Percent
	Accepting the changes	53	35.33
	Active social participation	91	60.66
	Avoid worry	66	48.66
	Follow routine activities	81	54.00
	Avoid comparison with past	101	67.33
	Avoid fault finding	73	44.00

*Multiple responses

A resistant attitude toward aging and to adjustment to changes in aging brings is a serious obstacle to successful adjustment in old age. Hence the elderly citizens are in need of urgent attention. They do not need ones pity, but the understanding love and care of their fellow human beings. It is the duty of family members and young generation to see that they do not spend the twilight years of their life in isolation, pain and misery. Older persons are, therefore, in need of vital support to maintain over-all quality of life (Badami & Yenagi, 2016). It was reported by majority (67.33%) that the ability to enjoy present activities without comparing the past is one of the most indicator of good adjustment followed by (60.66%) who mentioned about active social participation and maintaining social contact are signs of good adjustment. About stated that Keeping a set daily routine(54%), avoidance of fault-finding attitude in objects, persons or activity, especially about living conditions and treatment from others(44%), a minimum of worry about self or others (48.66) and accepting the changes that have instead of trying to resist them are some another reported signs of good adjustment. Mamatha and Lata (2014) study showed significant relation between family environment and adjustment indicating that better the family environment better the adjustment of retired senior citizens. As explained by Morgan (1997) good adjustment and happiness in old age were found to be associated with pleasant, social and emotional relations with the members of one's family and independence provided by living in their own home environment.

Poor adjustment in aged elderly

Aging is a natural process that may present challenges for some individuals and their families. Adjustments in old age are difficult because of the limited capacity of the old, their diminishing energy and declining mental abilities. The degree of success depends upon the individual's adaptability. The world will not adopt itself to the elderly, only the elderly will have to adopt themselves to the world. Adjustment is the flexibility in adopting appropriate behaviour towards changing ability, role, responsibility, environment and social network. Option for control and self-determination are important aspect for older adults for their mental health (Panday & Srivastava) Aging is associated with multiple stressors, ranging from death of loved ones to coping with chronic medical conditions and loss of roles, including those related to occupations and family life. Older adults frequently must cope with a series of stresses at a time in their lives when uncertainty, life changes, and impairment in physical and mental health status make this task even more challenging (Maercker et al., 2008). Keeping this view in mind data was gathered to know the opinion of children of aged elderly with respect to poor adjustment and it was stated by majority (85.33%) that their parents wish for things to be the same as they were younger and resist to any changes and this refusal to accept changes in old age can cause stress which hamper their adjustment. About 78 per cent reported that constant worry of the unknown future to such an extent that affects their daily life functioning is major sign of poor adjustment. Withdrawal from social activities like meeting people, going on outings etc. was another factor reported by 73.33 percent. About family 64 percent members reported that their aged parents used to exhibit Constant complaining behaviour and devaluate what they already have which trigger family discord. Very few (58.66%) mentioned about loss of interest in pleasurable things which they earlier liked doing. They expressed that parents with adjustment issue often have problems with friends, family and work.

Table 2

Poor adjustment characteristics

S.N.	Characteristics of poor adjustment for aged elderly	Frequency	Percent
1.	Social withdrawal	110	73.33
2.	Lack of interest	88	58.66
3.	Constant complaining	96	64.00
4.	Refusal to accept changes	128	85.33
5.	Constant worry	117	78.00

*Multiple responses

Conclusion

The study explored the perception of children towards characteristics of good and poor elderly Adjustment. Thinking positively and accepting the changes can help. Discussing things with family members' is best way to manage especially stressful situations. Many older adults are initially reluctant to share and discuss the things, it is important for the family members to offer them a conducive environment and respect towards them.

Recommendations

There is a need to sensitize the family members about their responsibilities towards old age people because role of family members is vital in improving the emotional well being of the old age people. Family support for improving Life satisfaction and welfare of the elderly has an important role. Therefore, it is suggested that providing guidance to families in dealing with elderly. Elderly should more receptive of new generation's ideas and prepare themselves to adjust with the fast changing society.

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Family members attitude towards stress management of aged elderly

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The present study was conducted in Kanpur city, of Uttar Pradesh State. The purpose of the study was to know the children attitude towards reasons of their aged parental stress and its management. Four wards were selected randomly for the study. Self-structured Interview Schedule was used for assessing attitude towards their aged elderly parents which consisted of both open ended and closed ended questions. A total of 150 family members were interviewed in which maximum 137 were children and rest 13 were daughter in law of aged elderly. The data was analyzed in terms of frequency and percentage. The study found that majority (78%) of the children reported that the main cause of stress in their aged parents was economic hardship and maximum (70.66%) suggested that positive thinking, such as accepting the changes, appreciating one's achievements and strengths was effective stress management strategy for aged elderly.

Keywords: aged elderly, ageing, stress, stress management

The term stress derives from the Latin stringere and means to draw tight, narrow, compress Houaiss (2001). Its concept was first described by Hans Seyle, in 1956, who defined it as "a degree of total burnout caused by life events". Stress can be defined as the state of tension that causes a rupture in internal bodily balance, that is, a state of tension that is pathogenic for the body. The imbalance takes place when the person needs to respond to some demand that exceeds their adaptive ability(Everly,1990). The functional difficulty and the need for help in basic daily life activities and in instrumental activities may represent a stressful factor in the aging process. The progressive emergence of diseases and functional difficulties are determining factors, among others, for the increase of stress in senior age (Pereira et al., 2004). Stress is a part of life at any age. In old age, there are some changes in the human brain resulting changes in behaviour too. Different diseases or mental condition like depression, memory loss, mood changes, and dementia occurs. Old people may have fear of many things related with their health condition, injuries, as well as about family and friends. So, they can feel depressed and loneliness (American Psychological Association, 2006.) At any age, stress is a part of life, young and old alike have face difficult situations and overcome obstacles, with increasing age, people are more susceptible to physical, psychological, social and emotional problems (Shebeer, 2013). Old age is characterised by an utter sense of hopelessness towards the world, a sense of loss- shadowed by loneliness, lack of care, lack of respect of self and others. Of course, the feeling of insecurity persists coupled with high expectations which are often childlike. Conflicts arise when sick, tired mind and body cannot cope with psychological, emotional, social and 10 physical stress (Patil & Majumdar, 1999). Psychological problems in the elderly differ in each country depending on the social infrastructure. "May you lead a long life" is a common phrase used as a blessing in Indian culture where the aged are still looked at as a source of pride and joy in most Indian families (Nadig et al., 2011). Stress and stress related problems have various effects on old age, their care giver and also in society. It may cause physical, mental, emotional and behavioral problems. Stress, is both a physical and emotional response to a triggering event. It is an inevitable part of living. With ageing comes an increased risk of developing chronic diseases and disability. Apart from physical health issues, they are more likely to suffer from mental and psychological distress (Banker et al., 2011). Stigmatizing attitudes and common stereotypes often prevent them from participating fully in society and cause undue stress. There are several causes of stress, unique to or more common in elderly. The most frequent stressful life circumstances that affect older adults involve health, interpersonal, financial or work-related events (Moose et al., 2006). Social and psychological stressors are part of daily life and a source of mental health problems. Manifested symptoms due to social and psychological stresses depend on the accuracy in understanding, exposure, reactivity and restorative process (Berto, 2014). The urbanization brings deleterious consequences for mental health through the influence of increased stressors and factors such as overcrowded and polluted environment, dependence on a cash economy, high levels of violence, and reduced social support. There is considerable stigma attached with mental disorders and ignorance regarding information about mental illness and available help and treatment. The mental health care in urban areas is at present limited to psychiatric hospitals and departments of psychiatry in medical colleges. Mental health problems at early stage remain unrecognized and untreated. There is tendency to conceal even severe psychiatric problems due to stigma. It is proposed to develop models for mental health care in urban areas

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with focus on extension of mental health care to community level. (Indian Council Medical Research, 2005). Often the stress is caused may be due to a minor problem but since the reflexes are slower, the individual often doesn't know how to handle the situation and may end up with disturbed mental health (Singh & Misra, 2009).

Aim of the study

To know the children attitude towards reasons of their aged parental stress and its management.

Method

Participants

The sample consisted of 150 family members (137 were children & rest 13 were daughter in law of aged elderly).

Inclusion and exclusion criteria

- The subjects comprised of aged elderly son, daughter, and daughter-in-law included
- subject were belonging to middle income group included
- Family members who are willing to participate in the study excluded.
- Family members who are available at the time of the study included.
- Family members who are not willing to participate.

Research design

For the present study, a descriptive research design was adopted to assess attitude of children about reasons of their aged elderly parents stress and their stress management strategies at family level. The study was conducted in Kanpur city of Uttar Pradesh. Four wards were selected randomly for the study. The sample comprised of 150 families. The subjects 'belonged to middle socioeconomic strata.

Instrument

Self-structured Interview Schedule was used to know attitude of children about reasons of their aged elderly parents stress and their stress management strategies at family level.

Data analysis

The data was analyzed in terms of frequency and percentage.

Procedure

Firstly, the respondents of the present study were approached, those who met the inclusion and exclusion criteria were identified and informed and consent was obtained for data collection. Family members who were residing with old age parents in urban areas of Kanpur Nagar, Uttar Pradesh. A total of 150 family members were interviewed in which maximum 137 were children and rest 13 were daughter in law of aged elderly from Nawabganj, Kalayanpur, Vishnupuri and Khyora wards of Kanpur city of Uttar Pradesh.

Statistical analysis

The subjects comprised of aged children's belonging to middle income group who resided within the municipal limits of the city. After which the scoring and the statistical analysis were performed.

Results and discussion

Ageing is coming up as one of the biggest challenge the world over. At any age, stress is a part of life, young and old alike have face difficult situations and overcome obstacles, with increasing age, people are more susceptible to physical, psychological, social and emotional problems (Singh & Mishra, 2009).

Keeping the above facts in mind, an attempt was made by interviewing family members about reasons for stress among their aged elderly parents residing with them so that the knowledge obtained would be useful in formulation of recommendations to promote health of elderly and prevent the mental health issues at family level in aged elderly at its initial stages. Table reveals that majority (78%) of the children reported that the main cause of stress in their aged parents was economic hardship as they expressed that parents remained worried about whether or not money saved and invested will last through the remainder of their lives because being short of money may impact on the number things that can be done. Another stressor reported by 70.66 per cent for older adults was the issue of health and pressure to pay bills. Next to this about 66 percent mentioned that decline in social circle due to lessened mobility, parents feel more physically bound to one place and because of this avoid attempts at socializing which is one the stressor. Present findings are line with research by Mehrotra and Batish (2009) on Assessment of Problems among Elderly People of Ludhiana City indicates that elderly people faced numerous socio-psychological problems like stress, declining authority, lack of respect in the family, loneliness, difference of opinion with family members. Amongst the given problems, stress and strain was experienced by maximum (85.0%) of the respondents, while lack of participation in outside activities was encountered by minimum, i.e., 25 percent of the respondents. The other problems reported were declining authority (77.50%), lack of respect in the family (75.0%), loneliness (72.0%), feel neglected (65.0%), get upset over small issues (61.25%) and difference of opinion with family members (47.50%).

Table 1

S.N.	Reasons of parental stress	Frequency	Percent
1.	Financial issues	117	78.00
2.	Health issues	106	70.66
3.	Social relationship	99	66.00
4.	Routine activity	92	61.33
5.	Familial relationship	86	57.33
6.	Low self-esteem	79	52.66

*Multiple responses

Parental stress management

It is important to understand what is happening on a physiological level when you are feeling stressed. When you are feeling stressed your brain perceives a threat and the fight or flight response is triggered. In a potentially threatening situation this response is Invaluable and may save your life or the life of another. However, living in this state of heightened arousal (which short or long-term stressful events can generate) is not good for you and your body may begin to signal this to you in a variety of ways (Townsend & Morgan, 2017). Though stress and mental health are interrelated factors the effects of stress are not same on the aged and younger person, thus implying age has a particular role in handling stresses. So, stress and Mental Health are relative terms and they depend on the age of the person (Schneiderman, lronson, & Siege, 2005).

When an older adult is struggling against some particular stressor in life, it is necessary to prevent stress more proactively and

efficiently. Vankayalapati (2008) in his book stated that the psycho-social problems of elderly are often neglected. Medical intervention has improved but they treat physical problems only. Emotional upsets, behavioural problems, adjustment problems, stress, strain etc. need to be taken serious consideration. A peaceful mind and soul can keep a person healthy and happy. Therefore not only physical body treatment but soul and mind treatment is also needed for active and successful ageing. Keeping this view in mind responses of children were gathered regarding the stress management of their aged parents and it was reported by maximum (70.66%) that Positive thinking, such as accepting the changes, appreciating one's achievements and strengths, can help to enhance self-confidence and to cope with stress. Next to this about 67.33 per cent of the children were of the view that spending quality time with family does help in coping with challenges, inculcate a feeling of security and family values and 62 per cent of them expressed that an active social life, healthy lifestyle (56.66%) are all useful ways to handle stress. Very few (41.33%) of them expressed that engaging in volunteer work is a means to helps to boost self-confidence and broaden one's outlook in life.

Table 2

S.N.	Ways to manage elderly parental stress	Frequency	Percent
1.	Positive thinking	109	70.66
2.	Motivate for active social life	93	62.00
3.	Maintain routine/healthy life style	85	56.66
4.	Motivate to engaged in volunteer work	62	41.33
5.	Make time for aged parents	101	67.33

*Multiple responses

Conclusion

Stress is a common problem with senior citizens as well for number of reasons. This study provides an understanding factors affecting stress. Managing stress can improve well-being and which require efforts from family members. Combined efforts at individual level, family level and social support system are required to address the aged elderly stress issues.

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Views on improving quality of life of aged elderly: A study

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The present study was conducted in Kanpur city, of Uttar Pradesh State. The purpose of the study was to know the children views towards for improving quality of life their elderly parents. Four wards were selected randomly for the study. Self structured Interview Schedule for family Cohesion, communication and adaptability was used towards their aged elderly parents which consisted of both open ended and closed ended questions. A total of 150 family members were interviewed in which maximum 137 were children and rest 13 were daughter in law of aged elderly. The data was analyzed in terms of frequency and percentage. The study found that concentrating on health followed frequent conversations within family is helpful in enhancing quality of life among aged elderly.

Keywords: family cohesion, aged elderly, ageing, quality of life

Ageing is a normal, inevitable, biological and universal phenomenon. It is the outcome of certain structural and functional changes taking place in different parts of the body as the life years increases. At present the ageing has become a social problem as the socioeconomic shifts are affecting the family to continue with the care of their aged. Traditionally our Indian families had always borne the responsibility of looking after the aged, but the changing times and industrialization have threatened this yesteryear culture. As a result family care of the elderly becomes more and more difficult leaving the aged feeling lonely, dependent and marginalized (Sowmiya & Nagarani, 2012). There are numerous definitions of QoL, as well as methods of measuring it (Farquhar, 1995). Literature indicates that the elderly people evaluate their QoL based on health, dependency, social contacts, material circumstances and social comparisons (Netuveli & Blane, 2008). Health, financial situation, limitation in mobility, ability to perform everyday activity, trusting relationship with family and friends, good neighborhood, etc. have been indicated to be impacting the QoL among elderly (Netuveli et al., 2006). At global level, QOL among elderly is an important area of concern which reflects the health status and well-being of this vulnerable population (Kumar & Majumdar, 2014). It was known that socio-demographic factors like age, education, marital status and family structure influence the QOL among elderly population (Barua et al., 2007). There is a need to highlight the medical and psychosocial problems that are being faced by the elderly people in India and strategies for bringing about an improvement in their quality of life. The number of elderly in the developing world is increasing due to demographic transition, whereas their condition is deteriorating as a result of fast eroding traditional family system coupled with rapid modernization and urbanization (Qadri et al., 2013). Family cohesion has been defined as the emotional bonding that family members have toward one another (Olson, Russell, & Sprenkle, 1982). The strong emotional bonds measured by family cohesion are expected to promote family support. Indeed, familial cohesion, defined as the degree of togetherness or closeness or emotional bonding that family members have toward one another, was found to be correlated with interpersonal well-being and satisfaction in adults (e.g., Green, Harris, Forte, & Robinson, 1991a, 1991b). Satisfaction with family bonds, which is related to cohesion, reflects the extent to which the need for cohesion or closeness in family relations is generally satisfied. Research using this type of concept underscores the importance of familial experiences for individual well-being and mental health, yet deeper knowledge of this linkage is required, including which specific affective and social experiences of an individual, within and outside the family, go along with familial cohesion (Vandeleur et al., 2009). The capability of the aged persons to manage with the changes in health, income, social activities, etc. at the older ages depends to a great extent on bond between family members. Various researchers have examined the effects of living arrangement on the quality of life of the elderly. According to them the changes in living arrangement and family structure have great impact on their physical and psychological well-being (D'Souza, 1989).

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AIMS of the study

To know the children views for improving quality of life their elderly parents.

Method

Participants

The sample consisted of 150 family members (137 were children & rest 13 were daughter in law of aged elderly).

Inclusion and exclusion criteria

- The subjects comprised of aged elderly son, daughter, and daughter-in-law included

- Subject were belonging to middle income group included
- Family members who are willing to participate in the study excluded.
- Family members who are available at the time of the study included.
- Family members who are not willing to participate.

Research design

For the present study, a descriptive design was adopted to assess attitude of children about reasons of their aged elderly parents stress and their stress management strategies at family level. The study was conducted in Kanpur city of Uttar Pradesh. Four wards were selected randomly for the study. The sample comprised of 150 families. The subjects 'belonged to middle socioeconomic strata.

Instrument

Self Structured Interview Schedule for family Cohesion, communication and adaptability was used towards their aged elderly parents which consisted of both open ended and closed ended questions. The data was analyzed in terms of frequency and percentage.

Procedure

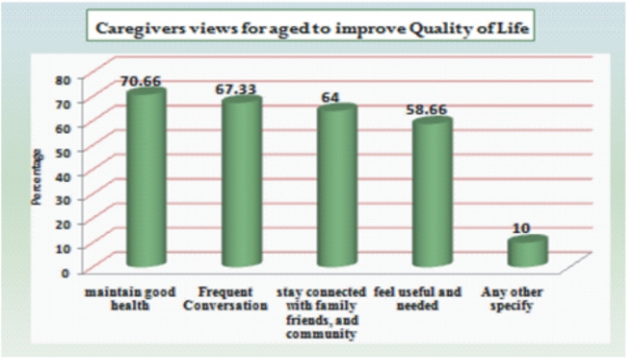
Firstly, the respondents of the present study were approached, those who met the inclusion and exclusion criteria were identified and informed and consent was obtained for data collection. Family members who were residing with old age parents in urban areas of Kanpur Nagar, Uttar Pradesh. A total of 150 family members were interviewed in which maximum 137 were children and rest 13 were daughter in law of aged elderly from Nawabganj, Kalayanpur, Vishnupuri and Khyora wards of Kanpur city of Uttar Pradesh.

Statistical analysis

The subjects comprised of aged children's belonging to middle income group who resided within the municipal limits of the city. After which the scoring and the statistical analysis were performed.

Results and discussion

The World Health Organization (2012) defined quality of life as an "individual perception of his or her living situation, understood in a cultural context, value system and in relation to the objectives, expectations and standards of a given society". From this perspective, health-related quality of life includes areas such as physical health, psychological state, level of independence of the person, personal relationships, beliefs in a particular context or the natural environment, social support, and perceived social support. When asked to improve quality of life it was found that variety of factors influences on quality of life, which were also associated with higher levels of life satisfaction. Factors that negatively impact quality of life may include: chronic mental and physical diseases, physical, mental or spiritual decline, emotional setbacks, physical setbacks, inability, loss, negative effectivity, negative or debilitating symptoms, absence of successful intervention, fatigue, pain, fear, depression, absence of attention, absence of love, feeling unwanted, feeling inadequate, feeling unsuccessful, general insecurity, poor self-esteem, obesity, weight loss, etc. In this connection an attempt has been made to know the children views towards for improving quality of elderly parents. A total of 150 family members were interviewed in which maximum 91% were children and rest (9%) were daughter in law of aged elderly. Majority (70.66%) revealed that concentrating on health followed by 67.33 % who were of view that talking with seniors, encouraging them to share their feelings is helpful in enhancing quality of life. About 64%, mentioned that Consistent social interactions help keep people mentally, physically and emotionally fit. While 58.66 per cent reported that aged family feel them productive are crucial for improving quality of life by welcoming and encouraging their input is an invaluable way to support quality of life. Present findings are line with earlier qualitative research study done by (Kar, 2017) in which a focus group discussion was conducted involving a group of elderly persons from different parts of Bhubaneswar, a city in Eastern India. The discussion was recorded and themes were analyzed. The observations indicated various themes which were influencing the QoL of older persons. Some of them were: physical mobility, financial issues, concerns regarding availability of appropriate care, expectations from family, changing family systems and traditional values, safety in the community, environment and legal issues. Similar results were reported by Nanthamongkolchai et al. (2011) in their article "Successful Ageing: A Case Study of Rayong Province, Thailand" examined the proportion of successful ageing and influencing factors on the successful ageing in Rayong province, Thailand. The study used secondary data from the project of "Life Happiness of the Elderly in Rayong Province", a study conducted in 2008. Total 400 respondents with age 60-80 years were taken for the study. It was observed that 27.5 percent of the ageing in Rayong Province was successful ageing assessed by 3 criteria which were having a good family relationship, high self esteem, and high life happiness. The factors influencing the success of ageing with statistical significance were family monthly income and social activity participation. The ageing with sufficient family income had a 7.5 times higher chance of success than those with sufficient income, and the ageing who participated at a high level in social activity had a 62 times higher chance than those with low participation. The family and responsible organizations should encourage the community participation of the ageing and provide sufficient income to lead to success in ageing.



There is much scope for improvement for the QoL of the aged in India. India ranks 73 out of 91 countries in QoL for the aged as per the 'global age watch index 2015' by Help Age International. According to the report only fifty two per cent of the people feel socially connected wherein they have friends or relatives to count on in case of a problem; sixty six per cent of the elderly feel safe walking alone at night in their locality. Similarly factors like income security, pension income coverage, access to public transport and health etc. are well below the regional average

Conclusion

This study implies an urgent need for awareness among aged elderly and their family members on health aspects. Family members particularly the young should support them physically that will build their self-confidence and thereby improving their QOL. Frequent conversation with others family members keep the elders happy and for this a conducive environment is equally important.

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Life satisfaction and aged elderly: A review

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Old age is beset with a host of problems relating to physical, psychological, economic and social zones of life. Health however remains a major issue to contend with in old age. For the individual, health determines his ability to perform those tasks which facilitate his participation in social and economic life. Life satisfaction among the elderly has become an important issue in geriatric care. The available literature shows that it is affected by various physical, emotional, social and mental conditions. The satisfaction of the elderly with life depends on subjective and objective variables. Therefore, the study aims to review variables such as income and social security, social environment (spouse, child, grandchild, relatives, neighbours, etc.) and the satisfaction with health status which affects the life satisfaction of aged elderly.

Keywords: life satisfaction, health, income, social security, social environment, elderly people

Life satisfaction and elderly

Life satisfaction is a situation or a consequence obtained through comparing someone's expectations (whatever desired) with possessions (whatever gained). When the life satisfaction is addressed, satisfaction related to whole life experiences is understood, rather than the satisfaction pertaining to a certain condition. Life satisfaction of the elderly is one of the dimensions to measure the concept of successful aging (Palmore, 2002). Successful aging is a complex process to understand elderly people's adaptation. It can be defined as a condition where elderly citizens can remain physically healthy with optimal mental functioning, financially secure and socially active. So higher socioeconomic status, receiving adequate family support, being satisfied with one's living environment/condition, and staying in one's own home are crucial factors in achieving successful aging among elderly people (Chou & Chi, 2002; Freund & Riediger, 2003).

Old age is beset with a host of problems relating to physical, psychological, economic and social zones of life. Health however remains a major issue to contend with in old age. For the individual, health determines his ability to perform those tasks which facilitate his participation in social and economic life. While society on its part depends on the good health of its members so that they are able to perform their roles adequately, be they in the economic upliftment or in community services. It is often observed that better the health, better is the adjustment to life which consequently leads to happiness and the zest to face challenges of life.

Life satisfaction is an important factor in a person's welfare, and there is a close relationship between physical and mental health and life satisfaction. Evaluation of life satisfaction is confirmed as a valid step in the evaluation of the rehabilitation of the elderly people and determination of the effectiveness of the offering of health-care services for them (Niknamy et al., 2010). One of the positive psychological concepts which recently received attention is the concept of life satisfaction. In fact, life satisfaction is a general concept resulting from a person's (cognitive and emotional) perception of his entire life (Amini et al., 2013). An indicator of welfare is life satisfaction (Meléndez et al., 2009). The core of welfare includes happiness or satisfaction caused by optimal performance (McDowell et al., 2010). The concept of life satisfaction is the subjective image of human's welfare where a person having such a subjective image can successfully cope with various life situations. In addition, having this subjective image results in a person's welfare which is related to the feeling of happiness (Haybron et al., 2007). Experts believe that life satisfaction plays an important role in the quality of life of the older adults (Jamalzadeh et al., 2014). Dimensions of life satisfaction include recreation, marriage, employment, standard of living, family, and physical health (Golshah et al., 2014). Life satisfaction can be considered as the most comprehensive evaluation of individuals of their living conditions (Diener, 2000). Individuals with a high sense of life satisfaction can experience more positive emotions and have a positive evaluation of themselves, their past and future, others, and their surrounding events and describe them as being pleasant. While individuals with a low life satisfaction evaluate themselves, their past and future, others, their surrounding events and life situations as being unpleasant and experience more negative emotions such as anxiety and depression (Khodabakhsh et al., 2014).

Researchers report that life satisfaction in aged is strongly related to socio-demographic and psycho-social variables. It has been found that two socio-demographic characteristics (income & education) influence life satisfaction both directly and also indirectly through psychosocial factors such as activity-physical activity level, satisfaction with leisure activities, and social contacts, perceived health, and physical illness (Huoliqin, 2002). There are a number of factors which influence life satisfaction of elderly people. Factors such as- marital status, health, economic well being, family relationship, self acceptance of ageing and changes are some of the factors that predict life satisfaction among elderly (Murthi & Jamuna, 1993).

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By determining the level of life satisfaction in the older adults and their aging perception, we can understand the importance of education and support by nurses, social, and family support for elderly people to increase the knowledge and perception of the elderly people so they would experience healthy aging process along with a better life satisfaction. Life satisfaction among the elderly has become an important issue in geriatric care. The available literature shows that it is affected by various physical, emotional, social and mental conditions. The satisfaction of the elderly with life depends on subjective and objective variables. Therefore, the study aims to review the variables such as income and social security, social environment (spouse, child, grandchild, relatives, neighbours, etc.) and the satisfaction with health status which affects the life satisfaction of aged elderly under following subheads-

Health status and life satisfaction

In ageing, declining of health is a natural process which affects the physical activity; increases demands of nutrition and increases burden on economy. Further, unmet demands of all these factors affect the life satisfaction in aged. Jain and Sharma (2004) says, active engagement in various activities contributes to enhance psychological and emotional well being and in turn affect the quality of life, making it better among Indian elderly. Grover et al. (2005) explained in their research that physiological changes, declining strength and muscle tone have psychological impact on elderly. The age related disabilities hinder their daily living and this lack of autonomy deprives them from communicating with others or taking part in outdoor activities as they develop a feeling of uselessness about their being, which can be overcome by active engagements. In a study on physical health and adjustment in old age it was found that subjects who did not have any physical problem or who benefitted from care and support, showed better adjustment than those who had number of physical problems and lacked care and support (Khanna, 2001; Destley & Patnam, 2002). Lawton and Moss (2004) attempted to find out the relationship between activity and adjustment. The results indicated high correlation between activity and adjustment. This indicates that with increasing activities there is increase in the level of satisfaction. Similar are the findings of Russell (2003) that recreational activities showed significant and positive relationship with the life satisfaction.

In a study on physical health and adjustment in old age it was found that subjects who did not have any physical problem or who were benefitted from care and support, were having better adjustment than those who had number of physical problems and lack care and support (Khanna, 2001; Destley & Patnam, 2002). Grover et al. (2005) and Bruen et al. (2005) in their research explained that physiological changes, declining strength and muscle tone have psychological impact on elderly. The age related disabilities hinder their daily living and this lack of autonomy deprives them from communicating with others or taking part in outdoor activities as they develop a feeling of uselessness about the being, which can be overcome by active engagements. The results on health status were observed in the study of Ansari and Dhakar (2014) and Krishnamchari et al. (2010) in his research reported that due to ageing elderly people are more prone to the disease like cardiovascular disorder, diabetes, joints pain which significantly affect their activity, and their satisfaction from life. But the results of present research reveal that most of the subjects received sufficient care and services, either from family or from institution which contributed to their moderate satisfaction in the area of health status. The result get support from Khanna (2001) who reported that subjects who received proper care and support were having better adjustment than those who lacked proper care and support. Mei Chen et al. (2011) observed that the elderly living in extended family, they get higher life satisfaction. Elderly get fully family supports, either physical care or emotional care, may have higher life satisfaction.

Financial status

In ageing, declining of health is a natural process which affects the physical activity; increases demands of nutrition and increases burden on economy. Further, unmet demands of all these factors affect the life satisfaction in aged. Jain and Sharma (2004) says, active engagement in various activities contributes to enhance psychological and emotional well being and in turn affect the quality of life, making it better among Indian elderly. Grover et al. (2005) explained in their research that physiological changes, declining strength and muscle tone have psychological impact on elderly. The age related disabilities hinder their daily living and this lack of autonomy deprives them from communicating with others or taking part in outdoor activities as they develop a feeling of uselessness about their being, which can be overcome by active engagements. In a study on physical health and adjustment in old age it was found that subjects who did not have any physical problem or who benefitted from care and support, showed better adjustment than those who had number of physical problems and lacked care and support (Khanna, 2001; Destley & Patnam, 2002). Lawton and Moss (2004) attempted to find out the relationship between activity and adjustment. The results indicated high correlation between activity and adjustment. This indicates that with increasing activities there is increase in the level of satisfaction. Similar are the findings of Russell (2003) that recreational activities showed significant and positive relationship with the life satisfaction.

According to (Bali, 1999), there is a positive relationship between one's financial condition and well - being. Sound financial condition of elderly individual leads to better chances of his/her being looked after and cared for by the family members or their kin. Huoliqin (2002); Aggarwal (2003); and Mansfield and Gill (2007) agreed that life satisfaction was strongly related to economic sufficiency. Aged people with high income have higher level of satisfaction and positive attitude towards aging than aged with lower income level. Financial constraints and lack of security add to the troubles of the aged and an increasing number of them are looking for employment after their retirement (Raghunathan, 2004).

The results on financial status in the study of Ansari and Dhakar (2014) shows that aged men living with family were having moderate satisfaction and women living with family were observed to be highly satisfied with their financial status. The result gets support from Huoliqin (2002) who reported that life satisfaction was strongly related to economic sufficiency. Aggarwal (2003) also reported that income level is directly related to the life satisfaction in such a way that aged people with high income have higher level of satisfaction and positive attitude towards aging than aged with lower income level. Chaddha (1991) also points out that the aged living with family scored much higher level of life satisfaction. The findings of the study of Ansari and Dhakar (2014) research reveal that economic aspect is one of the most important aspects in lives of the aged because financial security is positively related to higher life

satisfaction. The study reveals that a higher life satisfaction was observed for elderly living with family as compared to elderly living in old age home since they do not face the level of financial scarcity as faced by those living in old age homes. Also, they have someone to depend and lean on in a familial setting which is absent in old age homes.

Routine activity

Aged living in family were having moderate and high level of life satisfaction respectively towards routine activity. Widows and widowers living with family were satisfied with their daily routine and were found to have proper support from their children and grand children. They spend their time with their family members and friends which contributed positively towards satisfaction in the area of routine activities. Similar are the findings of Russell (2003) that recreational activities showed significant and positive relationship with the life satisfaction. The indulgence of elderly in different activities leads to less loneliness and more life satisfaction among the aged. Persons who have more leisure activities were more satisfied with their lives and were less alienated than those who have no leisure activities (Achenbawn & Lewin, 1998). Results of the study of Ansari and Dhakar (2014) shows that aged living in old age homes had moderate level of satisfaction for routine activities. Advancing age affects the activity pattern of elderly. As the age increases, the elderly become less active due to physical deterioration but support from caretakers resulted in moderate satisfaction for carrying out routine activity.

Personal achievement

Old age is seen as a threat or an opportunity, depends upon the preparations made early in life and their achievements with the advancing age. The planning for advanced years involves many aspects such as developing a reliable source of income, anticipating the kind of roles and activities that would be desired and are available in the family and community (Grewal, 1999). By preparing in advance for a sound future the old person is better able to deal with the psychological problems (Gandotra, 2001). Satisfaction with achievements, fulfillment of ambitions and responsibilities, enthusiastic and optimistic attitude towards life leads to satisfaction in life (Bamania, 2001).

The study of Ansari and Dhakar (2014) clearly depicts that aged living had low level of life satisfaction regarding their personal status. The reason for lower life satisfaction in personal self was due to inadequate ability of subjects to fulfill their needs, and to carry out their work which probably increased their dependency on others thus affecting their self esteem and their self efficacy. Moreover, the respondents felt that their importance amongst others had decreased which created a sense of incompleteness about themselves. The respondents were not satisfied with their personal identity because they felt that their family members and younger generation did not adjust well with them.

The study of Ansari and Dhakar (2014) reveals that widowers living with family were found to have high level of satisfaction and Widows from the same setting showed moderate level of satisfaction with their personal achievement. Life satisfaction in widowers towards personal achievement, i.e., job satisfaction and achievements in life was found to be high. The financial independency, capacity of the family to provide love, care, support and respect, accessibility of servants for help, and availability of social support system contributed to satisfaction in familial and social relationship. Yeh (2004) pointed out that life satisfaction of elderly was positively correlated to the social support received by them which was in turn affected by their personal and professional achievement. Similar results were found by Bamania (2001) who also found that majority of aged widowers were satisfied regarding their achievements, fulfillment of ambitions and responsibilities and have enthusiastic and optimistic attitude towards life which is in conformity with present findings.

Further, life satisfaction was found to be lowest in widows living in old age homes towards personal achievement. The widows living in the old age home reported that they did not achieve what they wanted or deserved from their lives. They also shared that they did not have a sound future plan nor had a bright past, thus were less satisfied with their personal achievements. Thus the aged faced a variety of imbalance in their life which they perceived to have resulted in loss of status and power. Widowers living in old age home were having moderate level of life satisfaction for personal achievement. Since personal achievement is influenced by one's past experiences therefore probably better past experiences, when living with family, contributed to moderate level of life satisfaction in this area. Chaddha (1991) also pointed out that the aged living with family scored much higher on life satisfaction than their counterparts in institution. He also advocated that family was important and created a sense of achievement.

Familial relationships

Family Cohesion is strongly related with the satisfaction during old age. Yeh et al. (2004) suggest that family support to the elderly enhanced their life satisfaction. It is the belief that children would take care of the parents in the old age (Dhandelkar, 1999). Mei- Chen et al. (2011) observed that among elderly with family supports, either physical care or emotional care is associated with higher life satisfaction. Yeh et al. (2004) described that frequent interaction with the grand children closely ties the elderly into the family. Similar results were reported from Rathi and co-workers (2012). In a study Panda (2005) also observed that elderly women with good support from their children were more satisfied with life than others. It was noted that relational variable rather than economic indicators were stronger in influencing the life satisfaction among aged women.

In the study of Ansari and Dhakar (2014) explained that widows living with family had moderate level of life satisfaction in their familial relationships, the reason could be because women in general are more sensitive and elderly women being closely involved in day to day family interactions get emotionally affected greater especially in absence of spouse. Therefore this could be the reason for moderate level of life satisfaction in the elderly widows. The result further shows that widowers were having high level of life satisfaction regarding their familial aspect. Interactive support from their children and grand children as well as their social hub and relative support system together were contributing to high satisfaction for familial relationships. These results get supported from Yeh (2004) who concluded that family support enhance life satisfaction of elderly. This high level of satisfaction could be related to frequent interaction with the grand children that closely engaged the elderly into the family.

In contrast Widows and widowers living in old age homes were observed to have low level of life satisfaction in context with

familial relationships. Most of the widows believed that they did not experience a happy family life as they wished to have; they did not receive support and attention as they wanted to have. Majority of widows and widowers living in old age homes reported that their children wanted to live their lives independently without any interference; they did not have time to look after; and they perceived them as economic and physical burden which made them feel rejected and unwanted. The results can be explained in the light of findings of Jindal (2005) which reported that the aged who were facilitated with familial care and support portrayed high satisfaction for their familial relationship and aged who were deprived for the same reported lower satisfaction. Supportive interactions and the presence of supportive relationships in one's life play major role in their emotional well-being (Dalal, 2001).

Social support is conceptualized as social embeddedness and emotional support that demonstrates that individuals are valued. Supportive interactions and the presence of supportive relationships in people's life play major role in their emotional well-being (Dalal, 2001). Bandura (1982) advocated that adjustment to cultural demands is essential for psychological well-being and life-satisfaction. Thus, it can be said that being cut from social strata is the biggest reason of poor satisfaction among widows and widowers of old age homes. Several psychological studies have also highlighted the benefits of social interactions on individual's well-being. (Musick & Wilson, 2003; Margolis & Myskyla, 2013). A well developed social support network leads to more opportunities for personal growth which further lead to higher level of life satisfaction (Shyam & Devi, 2006; Das & Satsangi, 2008). Bhatia and Mishra (1999) reports, active type of life is more desirable for good adjustment. By nature old people do not want to disengage themselves from society, in fact they like to be fully integrated in the social network and enjoy association and interaction with various groups of people. Social support has beneficial effects on a large set of physical health outcomes (Uchino et al., 1996) while social isolation is depressing (Mirowsky & Ross, 1989). The reduction in social contact has been proved an important predictor of cognitive decline (Penninx et al., 1999). Yeh (2004) pointed out that life satisfaction of elderly was positively correlated to the social support received by them which was in turn affected by their personal and professional achievement. Similar results were found by Patil et al. (2000) who documented that social interaction and family atmosphere developed a sense of satisfaction and reduced the level of depression.

The study of Ansari and Dhakar (2014) indicates that widows and widowers living with family were found to have high level of life satisfaction (81.67%) the reason was found to be close tie with the family, neighbours and society since the social setting in which a person inhabits is one of the major reason of life satisfaction experienced by an individual. Further, loss of spouse mostly creates a vacuum which gets partially fulfilled in social settings and in maintaining social relationships. The findings of the present study are in line with the results of Das and Satsangi (2008) and Shyam and Devi (2006) who observed a significant positive correlation between social support, life satisfaction and subjective well being among elderly Indian.

Some what different result were obtained for elderly widows and widowers living in old age homes who were found to exhibit lower life satisfaction. Since elderly loose contact with family, neighbours and society as they enter an old age home, it is perceived that deprivation of social setting is one of the major reasons of low level of satisfaction in the context of social relationship. These subjects, inspite of being amongst several other aged people in old age home were dissatisfied with their life probably because the inmates of old age home hailed from varied cultural settings which made their adaptation difficult and hence resulting in lower life satisfaction. Thus it can be concluded that elderly subjects living with family were more comfortable and having higher level of life satisfaction while elderly subjects living in old age homes were found to have low level of life satisfaction in all the area of life satisfaction.

Conclusion

Old age is generally considered a difficult period in one's life and calls for restructuring one's life in today's era. Loss of identity, loss of economic power and the weakening of the family ties in present era usually aggravates their plight and may have psychological impact. Positive aging perception in contrast with negative aging perception in elderly people is clearly related to their life satisfaction. Development of reinforce positive perception, internal control, thinking positive, increasing activities of daily living, communication with family and friends in older adults, in this way and also with social support, family and caregivers support, aging acceptance, and compatibility with aging increase. In this way, older adults can protect their health and dignity and achieving high level of life satisfaction and change negative concepts of aging to positive concepts attributed to aging. Individuals with a higher aging perception had a higher life satisfaction.

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Stress of aged elderly: A review

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Stress is as the result of an interaction between an individual's emotional, intellectual, social and physical resources and the demands on him or her. Argued that stress is a different phenomenon from pressure. Stress is something more than pressure. It carries strong overtones of the breakdown of normal performance. Stress is an inevitable part of living. Most of the stress symptoms that senior citizen generally face are fear of death, feeling of insecurity and general excitement, fatigue, insomnia, gastrointestinal disturbances, depression of spirits, emotional instability, inferiority feelings, pains and headaches, indecision, intolerance, suicidal pre-occupation, panic states, giddiness and genitourinary symptoms and other physiological disturbances. Therefore, the study aims to review variables such as income and social security, social environment and health status which causes for stress among aged elderly.

Keywords: stress, income and social security, social environment and health status, aged elderly

Stress and elderly

Stress, is both a physical and emotional response to a triggering event. It is an inevitable part of living. A certain amount of it is actually desirable. But when the stress becomes too great, the result is negative (Alam, 2004). Dagar (2003) reported that stress comes in all shapes, and has become so pervasive, that it seems to percolate everything and everybody including senior citizens. Stress can originate in physiological, psychological and social conditions and threaten the integrity of the body and personality. Most of the symptoms that senior citizen generally face are fear of death, feeling of insecurity and general excitement, fatigue, insomnia, gastrointestinal disturbances, depression of spirits, emotional instability, inferiority feelings, pains and headaches, indecision, intolerance, suicidal pre-occupation, panic states, giddiness and genitourinary symptoms and other physiological disturbances.

Yadav and Mishra (2011) explains that Old age is usually discussed in connection with the different types of problems encountered by the aged and the welfare measures associated with providing them a better quality of life. It has been observed that physical diseases, psychological illness and adjustment problems are quite common during this phase of life. People in general are approacensive and speak about the difficulties that they face during the fag end of their lives. In aged physical changes include wrinkling of skin, stopped posture, flabbiness of muscles, decreased vision and hearing, a decreased efficiency of cardiovascular system. The theme of this age period is loss, which may be identified like loss of physical abilities, loss of intellectual processes, loss of work role and occupational identification (Retirement), loss of intimate ties, such as death of spouse, friends and other a acquaintances. The major adjustment to be made includes adjustment to physical changes, retirement, loss of spouse and post-child rearing period (Empty nest syndrome), and grand parenthood. If favorable factors such as satisfaction of needs, retention of old friendships, positive social attitudes, etc. are present, they Foster ego integrity of the person. However without adequate support to sustain and bear the losses the older adult (Aged) is unalterable to a profound sense of insecurity. Despair and disgust can take over the person, including the feeling, time is running outland there are no alternatives possible at this late date. Serious personality breakdown in old age may lead to criminal behavior or suicidal tendencies. Elderly people need better physical health care and psychological care to nourish their well-being. Due to frail health condition, lack of adequate care and acorn by the family members, negligence by care givers, busy life schedule due to urbanization, elderly people are getting neglected. As a result they, become more vulnerable to physical and mental ailments. The aged requires special attention, care facilities and a totally different environment from others. There are no programmes to train the people taking care of the aged. The existing programmes for senior citizens are not in line with their needs and problems. This calls for the analysis and understanding the needs of the aged. Efforts like the present one may help to develop greater insight and may channelize the attention of society towards the problems experienced by senior citizens in urban areas. So that one can plan and conduct programmes for the senior citizens according to their needs to promote their better adjustment in old age.

Various meanings of stress have been measured in different ways, for example, major life events including both negative life events and positive life events (Holmes & Rahe, 1967) and daily hassles (Kanner et al., 1981; Lazarus & Folkman, 1984). Although life events inventories measure stressful situations objectively by asking respondents to indicate whether a specific event occurred during a certain period of time, the life events scale has been criticized for not taking into account the individual's appraisal in determining whether or not the situation is stressful (Aldwin, 1994; Lazarus & Folkman, 1984). Measures of hassles are more likely to emphasize individual variations in perceiving stress (Lazarus & Folkman, 1984). Hassles are defined as the irritating or frustrating demands that frequently happen in an individual's everyday transactions with their environment (Kanner et al., 1981). Therefore, the study aims to review variables such as income and social security, social

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environment (spouse, child, grandchild, relatives, neighbours, etc.) and the satisfaction with health status which causes for stress among aged elderly.

Personal self (self-esteem) and stress among aged

Self-esteem is a powerful force in the life of everyone. Low self-esteem is associated with stress and depression which, in turn is associated with suicidal ideation (Wilburn & Smith, 2005). Family support and encouragement can actively shape self esteem. Elderly co-resident with children are found to have good self-perceived health and low prevalence of depressive symptoms (Zunzuneguia & Co-workers, 2001). A great deal of communication with family members can help to reduce emotional feelings of grief, sorrow and anger (Schmidt & Padilla, 2003) whereas stressful family relationships and lack of family care precipitates the eldery's poor psychological well-being (Litwin & Shiovitz, 2006).

Health status and stress

Old age is usually discussed in connection with the different types of problems encountered by the aged and the welfare measures associated with providing them a better quality of life. It has been observed that physical diseases, psychological illness and adjustment problems are quite common during this phase of life. People in general are approacensive and speak about the difficulties that they face during the fag end of their lives. In aged physical changes include wrinkling of skin, stopped posture, flabbiness of muscles, decreased vision and hearing, a decreased efficiency of cardiovascular system

With ageing comes an increased risk of developing chronic diseases and disability. Apart from physical health issues, they are more likely to suffer from mental and psychological distress (Banker et al., 2011). In the investigation Ansari and Dhakar (2014) it was observed that aged living with family had stress for their health. This could be probably because most of the time widowers were dependent on their spouse prior to their demise and also because dependency created due to decline in physical strength and debilitating effect of many diseases.

With ageing comes an increased risk of developing chronic diseases and disability. Apart from physical health issues, aged more likely to suffer from mental and psychological distress (Moos et al., 2006). Stigmatizing attitudes and common stereotypes often prevent them from participating fully in society and cause undue stress. There are several causes of stress, unique to or more common in elderly. The most frequent stressful life circumstances that affect older adults involve health, interpersonal, financial or work-related events. Loss of a spouse or separation, deaths in the family and lack of social integration are common stressors, which may themselves cause physical and mental ill-health. Physical incapacity, decline in the mental faculties and feeling of the generation gap, add to the problems (Moos et al., 2006; Krause et al., 1991; Pruchno et al., 1997; Holden et al., 1986; Fitzpatrick, 1998; Yang et al., 2012; Wang, 2001).

Financial status and stress among aged

Nalini (2000) and Dubey et al. (2011) found that many a times, elderly in family faces stress of being neglected; humiliated by their daughter-in-laws; financial crisis; feeling of insecurity; loss of dignity and lack of emotional support, while elderly living in old age homes encounter economic stress as they do not have finance to meet their material needs (Chou & Chi, 2000). These familial conflicts and economic factors (Rajan, 2000; Borg & his associates, 2006) are the main reason for joining the old age homes and increasing stress among elderly.

Economic dependency and insecurity is seen to result in economic problem which is often faced by a majority of elderly leading to stress, insecurity, less life satisfaction and poor adjustment during old age (Aggarwal, 2003). Berner et al. (2002) found that lower level of income is responsible for unsatisfactory health status which is indirectly associated with other life event satisfaction. Economic insecurity is one of the major problems of elderly and quite a number of aged suffer from financial worries / problems.

Advancing age brings almost all the individuals face to face with the consequences of their financial management. Randhawa (1996) states that economic insecurity is one of the major problems of elderly and quite a number of aged suffer from financial worries / problems. Data in the Fig. 4.2.2 clearly shows that widows experienced high level of stress and widowers living with family experienced moderate stress in regards to their financial status. The reason put forth was that financial status of some of the elderly widows living with family deteriorated as the amount of money being received in the form of pension was reduced to half of the original amounts after the husband's demise. Besides this another stressor for widows living with family was their concern and anticipation about future. Also they were worried whether their children and family will support them financially in the days to come. In the present investigation elderly widowers living with family were observed with moderate level of stress in the area of financial status. The reason for the moderate level of stress was found to be due to concern regarding the financial status in future. The respondents shared that they did not face great difficulty related to finances at present but were worried about handling their lives with depleting finances in the future.

Ansari and Dhakar (2014) also explained that elderly do experience high level of stress for their financial status. The reason could be that financially dependent situation put the aged in the state of vulnerability and distress. This was observed to be mainly due to economic reasons, clashes of opinion between two generations, structural changes in the family which resulted in the rejection or neglect of the aged. Also, the elderly believed that their stress level has increased as they felt dependent and at the receiving end financially. Borg and his associates (2006) in their research also noticed that familial conflicts and economic factors were the main reasons for joining the old age homes voluntarily to save their dignity and respect.

Routine activities and stress among aged

Routine activities have also been associated with stress. Self efficacy to perform the task leads to satisfaction while inability leads to stress. Elderly feel happy by engaging in certain activities or events that give them pleasure or a sense of accomplishment (Anand, 2004). Spending their time in different activities, i.e., watching television, gossiping, reading religious books, playing games to stay fit, social work, taking care of grand children and participation in religious talks etc enhances sense of fulfillment and well-being in aged (Sood, 2005).

Routine activity was found to be a reason of stress not only for widows but also for the widowers living with family. The fig. clearly depicts that widows living with family had high level of stress and

widowers living with family had moderate level of stress for routine work.

In study of Ansari and Dhakar (2014) It was observed that aged were hesitant to ask for help every now and then from family members regarding routine activity. The subjects informally disclosed that though they were taken care of well but personally they felt that they were interfering in their children's life. Further, since women are emotionally more sensitive therefore the stress was being felt to a greater degree

Examining stress due to daily hassles, Catanzaro (1995) found that these were associated with higher levels of depressive symptoms among community-living older adults aged 55 and older. Even though the authors examined the impact of minor stress on depression, the findings were limited by using predominantly young-old participants in a cross-sectional analysis. Kraaji (2002) examined daily hassles as well as negative life events, finding a strong association with depressive symptoms among the older populations for both types of stressors. One recent study found that hassles were significantly related to depression among the oldest-old using longitudinal data (Jeon et al., 2006). This study, however, failed to examine longitudinal associations on the individual level. Thus, it is not known about the long-term change in the associations between daily hassles and depression among the oldest-old. By contrast, another type of stress, positive life events, has received limited attention by gerontologists. One study by Krause (1988) found that positive life events were significantly associated with depressive symptoms among older adults. Many researchers found that both life events and daily hassles are associated with negative mental health outcomes, especially depression, for older people (Catanzaro et al., 1995; De Beurs et al., 2001; Glass et al., 1997; Jeon et al., 2006).

Personal achievement and stress among aged

Old age either been conceptualized as threat or an opportunity depends upon the preparations made early in life and one's personal achievements with the advancing age (Rathi, 2012). Elderly perceive that a dignified quality of life could be defined on the basis of physical and cognitive health, spiritual clearness and contact with their family members (Oza, 2008). The study of Ansari and Dhakar (2014) revealed that aged who did not save enough money for future and they could not fulfill their dreams as they thought especially for their family were dissatisfied with their current status in the society.

Social status and stress

Social support is conceptualized as emotional support which is highly valued, lack of such kind of support results in stress among elderly. A well developed social support network helps to reduce stress. By making the role of aged people more satisfying and providing them with more opportunities for personal growth lead to higher level of life satisfaction (William, 2003). Ageing is a phase which needs love, care and attention but majority of elderly are neglected and are left to lead a woeful life (Bhatia, 2002). Several studies explains that high stress level are observed/ occurs in the areas of self identity, familial relationship, financial and health status (Oza, 2008; Wason, 2011). This trend is also fuelled mainly due to growing cost of living, widening of generation gap, erosion of moral values and the desire of younger generation to live an independent life. The feeling from being cut off from social network and dear ones was one of the main reasons contributing to high stress among aged (Goswami, 2005; Rajan, 2006).

Many older people faces stressful situations such as the death of friends and family, deterioration of health and physical ability, loneliness or depression. Retirement sometimes creates feelings of not being a productive part of society and stress due to reduced income. Relocating after retirement adds other problems such as difficulty in making new friends, depression and loneliness due to separation from family and friends. If self-esteem is decreased because of these stressful events, the elderly are more prone to abuse of alcohol and other drugs to relieve their pain. The likelihood of abusing prescription medications also increases as people age. Jungreen and Phyllis (2002) also reported that the younger generation did not appreciate the interference of the elderly which resulted in stressed relationships. Dalal (2001) also reported that supporting relationships played a major role in the emotional well being in later life and was important in determining residential satisfaction and relational stress.

Study of Ansari and Dhakar (2014) indicates that aged suffering from stress reported that they felt that as they were not unfortunate, and they couldn't fulfill their dreams. Aged were observed to have high level of stress for personal status, the reason for this could be accorded to the fact that the widows felt that they were not satisfied with their personal identity and had a totally negative attitude towards self and further expressed that their life had totally turned meaningless. Aged after retirement found their lives confined and lonely as regular meeting and sharing with people declined. Death of the spouse was another reason for feeling lonely since they have no one to share their feelings with. Research reports of Ansari and Dhakar (2014) clearly shows that aged had high level of stress. The underlying reason for this might be structural isolation, disengagement, lack of role in the society, lack of friends and irreversible losses of role which can be accorded to the loss of partner thus affecting the plurality of roles. Thus it can be said that being cut off from social strata was the reason for poor satisfaction among aged regarding social relationships.

Familial relationships and stress among aged

Stigmatizing attitudes and common stereotypes often prevent them from participating fully in society and cause undue stress. There are several causes of stress, unique to or more common in elderly. The most frequent stressful life circumstances that affect older adults involve health, interpersonal, financial or work-related events. Loss of a spouse or separation, deaths in the family and lack of social integration are common stressors, which may themselves cause physical and mental ill-health. Physical incapacity, decline in the mental faculties and feeling of the generation gap, add to the problems (Moos et al., 2006; Krause et al., 1991; Holden et al., 1986; Fitzpatrick, 1998; Yang et al., 2001).

The results on the familial relationship, depicts that both elderly widows and widowers living with family showed moderate level of stress. The demographic alterations accompanied with the change in the family structure, urbanization, and westernization have significantly influenced the lives of the aged in the families, more so the family no longer remains the unit for providing emotional security, care and protection to the older persons but has become the arena for generating problems. Widows living with family were observed to have moderate stress and felt that their daughter in law has not accepted them, and thought them to be a burden since they could not help in household task and were totally dependent on their children and other members of the family. Bhatia (2002) support for

the result and comments that the aged values and the desire are neglected a lot and they are left to lead a woeful life. This trend is also fuelled mainly due to growing cost of living, widening of generation gap, erosion of moral values and the desire of younger generation to live an independent life.

High level of stress was observed in study of Ansari and Dhakar (2014) for aged which have been perceived to have occurred due to their inability to have played their role perfectly in earlier part of life. This was observed to be mainly due to economic reasons, clashes of opinion between two generations, migration of youngsters, structural changes in the family which resulted in the rejection or neglect of the aged. Borg and his associates (2006) also noticed that familial conflicts and economic factors (Rajan, 2000) were the main reason for joining the old age homes voluntarily to save their dignity and respect.

Conclusion

The study highlights the need for proper assessment and confirmation of stress and anxiety among elderly. In changing scenario besides special programmes and plans, elderly also need to bring themselves to a level where they can accept and adapt to changing world and take old age as a normal part of life span. The study affirms that elderly persons need counseling and special attention to address their age issues. Consequently, it is essential to make the senior citizens independent and self-sufficient so that they can build up their inherent potentialities to cope up with their problems and Early interventions are required to of improving the quality of life of the elderly persons.

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The coping pattern of aged: A review

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Ageing is a universal process. At this stage of life stress is inevitable part of living. Stress comes in all shapes, and has become so pervasive, that it seems to percolate everything and everybody including senior citizens. Stress can originate in physiological, psychological and social conditions and threaten the integrity of the body and personality. Most of the symptoms that senior citizen generally face are fear of death, feeling of insecurity and general excitement, fatigue, insomnia, gastrointestinal disturbances, depression of spirits, emotional instability, inferiority feelings, pains and headaches, indecision, intolerance, suicidal pre-occupation, panic states, giddiness and genitourinary symptoms and other physiological disturbances. In this stage only good coping skill (constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands) can help a agedin expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or a challenging situation. Therefore, this paper aims to review the common coping patters of aged people.

Keywords: aging, personal and interpersonal problems, stress, coping skills

Ageing and elderly

Ageing is a universal process. Old age can neither be healed, nor protected but just can be promoted and extended. The four main stages of life have been compared with the four main season of the year i.e., spring, summer, autumn and winter. Spring and summer represent the energetic and joyful childhood and warm and vigorous youth respectively. Autumn represents the middle age of maturity and ripeness. Winter of man's life comes when either his hair starts graying rapidly or when the depleting strength signals the advancing age. The winter of human life i.e., the old age comes when ones physical strength begins leaving him and the youthful vitality starts yielding to sense of despair, with remarkably reduced sensory acumen in the individual in later years of life almost becomes a three legged creature, the third leg being the stick. The cycle of the four stages is referred commonly as ageing process. According to 2011 census India comprises of about 100 million elderly people (above 60 years of age) which accounts up to 7.5 per cent of the country's population. In 2026 it is projected to grow to174 millions. Projections made by United Nations indicate that 21 % of the Indian population will be 60 plus by 2050, which was 6.8% in 1991.

India has currently become grey country with highest population of the aged in the world after China. These age groups are also known as “geriatric age group”. Due to dependence of personal requirement, old age is sometimes called “second childhood” (Pankajam, 2005). Old age has its own challenges and is the indispensable or unavoidable part of man's life. There is a perceptible loss of physical power, lusters and glammer. Some other stressful events and experiences as job loss, financial insecurity, decreased health status and most crucial, loss of spouse create a great challenge to the aged people and demand a greater adjustment to change in life style and expectations. Old age is considered to be the last chapter of life. Though, a universal phenomenon, it is not a uniform experience among senior citizens. Some people achieve a sense of fulfillment and satisfaction in their old-age, while others turn bitter and lament due to the decline of their physical abilities, social and financial aspects. Due to breakdown of joint family and tremendous influence of modern lifestyles on the younger generation, the attitudes of the young people towards old age are constantly changing. Thus for many, old people in their house has become a sort of burden and liability. It becomes rather difficult for elderly to change their ideas, views and opinions suddenly to adjust with the younger generation.

Demographic transition has been accompanied by changes in society and economy. The problems of senior citizens in urban areas tend to be multiple rather than single. Indian society is passing through a transitional period. Older persons have no idea how to live in old age without any family support. Younger generations find it very hard to adjust with their ageing elders in their times of demanding lifestyle. At this stage there is a greater need of awareness at various levels. Older persons need awareness about preparation for old age while younger generations need to understand old age related needs and problems. In Indian rural family both aged and their experiences are respected. In rural areas there are chaupals where the aged gather in their free time and have social interaction. They have wide friends circle so whenever they feel emotionally and psychologically depressed they have forums to share their feelings with their friends. This condition is almost missing in urban areas where community support is weak and kin network is diffused over large area making it rather ineffective. The entire responsibility of care of the aged falls on the male children with whom they live. In such situations, older people feel isolated neglected and insecure even when residing with their own family especially in urban areas. Modern life style and elevated costs of living, increased cost of child upbringing, educating children and pressures for gratification of their own desires affect one's transfer of traditional norms to care for the elderly both ways emotionally and financially. Under the emerging family system members get

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employment outside the family and to sustain their employment it is becoming increasingly difficult to give care and attention to the elderly. Moreover, in India elderly population depend mainly on their family for economic and emotional support. But due to small house size having limited space in urban areas with higher rents, migrants prefer to leave their parents at their native places.

Role of women has also changed tremendously over the past years. Women in urban areas are working outside the family, implying and they get less time to take care of the older members, especially those who require constant care. Those who are available are torn apart by the stresses of urban living. With the change in role the expectations and outlook of modern women have also undergone a great change. These changing roles and expectations of women, their concepts of privacy and space, have affected the caring responsibilities of old people for long periods. Children are loaded with their studies, competitive examination and concern for making their career. Result is that there is no space for patience and contentment in the life of younger generations. On the other hand, older people live longer due to increased life span as a result of advancement in technology and medical science. The slackened social interaction between two generations creates loneliness. These social changes have seriously affected the social context and adjustment of the aged thereby exposing them to several serious problems.

Ageing of the population has a number of economic implications. The ageing of the population has serious problems regarding adequate income for later life. These include income support for the extended retirement period, consumption, production, changes in housing, needs of transport etc., and expenditure on health. According to National sample survey organization, (1998) nearly half of the elderly are fully dependent on others, while another 20 per cent are partially so. Because the elderly typically no longer hold jobs, finance is a challenge. Nearly 90 per cent of the total workforces are employed in the unorganised sector. They retire from their gainful employment without any financial security like pension and other post-retirement benefits. In addition, economic satisfactions also vary by gender owing to the fact that women in Indian society have a lesser hold on economic issues especially those who were unemployed during their adulthood. This poses a double pressure on such women during their old age as they never had a strong economic ground. Broadly speaking the problems of senior citizens are mainly related to health, finance, emotional and socio- psychological aspects. Old age is not a disease in itself, but the elderly are vulnerable to long term diseases of insidious onset such as cardiovascular diseases, cancers, diabetes, musculo-skeletal and mental illnesses. They have multiple symptoms due to decline in the functioning of various body functions. Increasing problems of health care, psycho-social, personal and socio-economic factors associated with the elderly further overwhelms this. All these problems are inter-dependent; health problems over a period of time may not only cause a drain on the finance but also may have repercussion on psychological aspects and social relationships.

Ageing and psychology

In terms of psychology, aging includes age related changes that occur after the normative biological maturity is reached (Rose & Lewin, 2001). As people age their bodily functions and physical capabilities become less efficient. Physiological aging is a continuous process which holds an implicit recognition of two key elements i.e. disease and disability to function (Rammohan et al., 2000). From physiological viewpoint ageing can be described as the progressive decline in the homeostatic reverse of every organ system. The decline of each organ system appears to occur independently of the changes in the other organ system and is influenced by diet, environment, personnel habits and genetic factors (Resnick, 1998). The ailments commonly associated with old age include failing eyesight, hearing capacity and declining energy etc. (Rani, 2001). Psychological aging consists of a general decline in the mental abilities and psychological system, where by maturity is measured in term of capabilities, adjustment and knowledge. It refers to the adaptive capabilities of individuals as observed not only from their behaviour but also refers to subjective reactions or self - awareness (Dhillon & Samal, 1992).

Further Narseen (2003) stated that every person's life activities and manifestations have psychological base and various mental abilities such as memory, intelligence, changing emotional reactions and attitudes are taken as a base for demarcating age. The important aspects of healthy psychological ageing include subtle intellectual functioning, capability for change and productive engagement with life (Khan, 1997). Some of the psychological changes in respect of an individual are conception of self, his/her ideas about work, his feelings, attitudes and behaviour all of which play significant role in the process of psychological ageing (Channabasavanna, 2002).

Stress and ageing

In case of ageing, stress which is inevitable part of living, stress comes in all shapes, and has become so pervasive, that it seems to percolate everything and everybody including senior citizens. Stress can originate in physiological, psychological and social conditions and threaten the integrity of the body and personality. Most of the symptoms that senior citizen generally face are fear of death, feeling of insecurity and general excitement, fatigue, insomnia, gastrointestinal disturbances, depression of spirits, emotional instability, inferiority feelings, pains and headaches, indecision, intolerance, suicidal pre-occupation, panic states, giddiness and genitourinary symptoms and other physiological disturbances. As they have been found to develop a negative feeling about themselves. Senior citizens try to cope up and manage their stress via different mechanisms. The way of managing stress is called coping. The general and most frequently used method of coping is by confiding in people like close relatives and friends. This helps to ventilate emotions. However, there could be other techniques for coping stress by those senior citizens. In our country the entire responsibility of taking care of the old continues to be with the traditional institution of the family. The aged requires special attention, care facilities and a totally different environment from others. There are no programmes to train the people taking care of the aged. The existing programmes for senior citizens are not in line with their needs and problems. This calls for the analysis and understanding the needs of the aged. Efforts like the present one may help to develop greater insight and may channelize the attention of society towards the problems experienced by senior citizens in urban areas. So that one can plan and conduct programmes for the senior citizens according to their needs to promote their better adjustment in old age.

In changing scenario besides special programmes and plans, elderly also need to bring themselves to a level where they can accept and adapt to changing world and take old age as a normal part

of life span. Consequently, it is essential to make the senior citizens independent and self-sufficient so that they can build up their inherent potentialities to cope up with their problems. The remarkable quality among senior citizens is their coping ability and this ability needs to be enhanced which may enable senior citizens to overcome their problems. This can be done by providing economic, social, psychological intervention at individual and family level. For developing the necessary guidelines for such interventions, studies regarding the present problems and coping strategies is vital. As such interventions will develop adequate psychological strength in the senior citizens to take life in old age smoothly and with good grace. The elderly citizens are in need of urgent attention. They do not need our pity, but the understanding, love and care of their fellow human beings. It is the duty of younger generation to see that they do not spend the twilight years of their life in isolation, pain and misery.

Ageing and coping

The term coping has been used to denote the way of dealing with stress, or the effort to 'master' conditions of harm, threat or challenge when a routine or automatic response is not readily available (Folkman et al., 1986). Parker et al. (1998) viewed coping behaviors as the behavior that prevented or controlled a depressed effect. Lazarus and Folkman (1984) defined coping as cognitive and behavioral attempts that are always changing and are done in order to control given internal and external demands that are evaluated from the individual's ability and sources. They further stated that coping is 'all efforts to manage, regardless of outcome'. This definition of coping encompasses not only potentially effective strategies, but also some forms of coping and defense (wishful thinking, fantasy, & self blame, that is usually associated with adaptive problems. With increasing age people tend to use different ways of coping that are effective and useful to cope with the problems of old age which include aggression, withdrawal, regression, repression, rationalization, projection, reaction formation and compromise (Raj, 2001; Chandra & Dave, 2006). According to Kleine (1998), this definition can be viewed as having three key features, namely: coping involves a certain amount of effort and planning; coping responses are not assumed to always be positive; and coping as a process takes place over time.

A two phase process was described by Lazarus and Folkman (1984) when individuals experience a stressor. The first, namely appraisal, can be subdivided into primary and secondary appraisal. Primary appraisal is the initial evaluation the individual makes of whether an event is irrelevant, relevant but not threatening, or stressful. When the individual sees an event as stressful, he/she is likely to make a secondary appraisal, which implies an evaluation of coping resources and options for dealing with the stressful situation. The second phase, namely the coping appraisal, is conceptualized not as what the individual should, would or could do, but rather what the individual in fact does as he/she reacts to a specific stressful condition.

The coping could be either referred to the appraisal process (emotion-focused) or be done by the aim of changing external demands by means of behavior (problem-focused) (Matthews et al., 2003). Because coping strategies are habitual and preferential, (i.e. they are relatively stable ways of responding), the concept of coping relates to the personal differences and the way of individual's appraisal or it could be explained based on the choosing processes (attention), appraisal and coping related to stress (Ishida, 2006). However, today researchers have admitted that three extensive dimensions are as follows: problem-focused coping, emotion-focused coping and avoidance coping (Matthews et al., 2003; Mishara & Ystgaard, 2006).

Researches carried out suggest that emotion-focused coping are less effective and are more likely correlated to psychological disturbance and poor psycho-social outcomes in comparison to the problem-focused coping that is accompanied with positive psycho-social adaptation (Matud, 2004). It also has relationship with negative aspects of health like anxiety, depression and increased bodily function, Most of the coping models assume that the people, who cope with stressing life events effectively, show low levels of anxiety and depression (Braun-Lewensohn et al., 2009). Folkman and Lazarus (1986) pointed out that the efficacy of a given strategy depends upon the nature of stressing situation and the person's ability in using or choosing a strategy in that situation. For instance, problem-focused coping may be effective during exam time, avoidance coping may have low efficacy. However, in a situation when exposed with snakes, avoidance coping is often a more effective alternative (Matthews et al., 2003). Nevertheless, it can be said that emotion-focused coping strategy and the avoidance one are potentially non-maturated coping strategy (Parker et al., 1998).

Because of sudden loss of work, more free time at hand and lack of proper socialization, ageing can produce a loss of interest in living. Early planning, flexibility in interests and continuing social roles, and physical activeness, developing a reliable source of income after retirement (Grewal, 1999) anticipating the kind of roles and activities (Gandotra, 1996) can help aged to make the transition from active years to their leisure time years. So the advance preparation and planning for facing the problems of old age can facilitate the necessary adjustment of aged. By preparing in advance for a sound financial future the old person is better able to deal with the psychological problems

Encouraging physical activity and exercise in early stages of life augments the functional capacity for a healthy life style (Giles & Rayan, 2000). The elderly need to protect themselves from the handicaps of aging by practicing yoga, meditation or physical exercise and healthy life style, diet, personal habits and positive thinking (Kamalaman & Selsa, 2002).

There are several ways via which the aged seem to cope up with their stress. The acceptance of the fact that they are old develops in the aged an “old age complex” which has been reported to be one of the major strategies used by aged cope up (Antonelli et al., 2000). Wilder and Pluchik (1982) suggested coping responses namely, suppression, help seeking, replacement (engaging in direct stress-reducing activities), blaming others or the system, substitution (engaging in indirect stress reducing activities), mapping (collecting more information) reversal (action opposite to the way one feels), and minimization. Folkman et al. (1986) have suggested coping strategies, i.e., confronting, distancing, self-control, seeking social support, accepting responsibility, escaping planned problem solving, and positive reappraisal. There might be several other type of coping strategies as given by Carver. Weintraub and Scheeir (1989) identified suppression of completive activities, restraint coping (emotional & instrumental), planning, positive re-interpretation and growth focus and venting on emotions, denial, behavioral disengagement, mental disengagement, alcohol and drug abuse.

Dubey et al. (2011) revealed that some of the coping strategies used by the aged were taking up of household activities like looking after their grandchildren and doing household chores. To an extent, religion provides a sort of social support for the senior citizens living with family and in old age homes, in the form of personal contact with other people at religious gatherings with whom they could share their thoughts. Studies also reveal that elderly engage themselves in reading religious books, magazines and newspapers for passing their time, and watching T.V., listen to music to pass their time. Aged widows and widowers in the institutions stated that listening to music relaxed them and helped them forget their tensions, worries and stress. Talking about the family members seemed to be a favorite pass time for the residents of institutions for both widows and widowers. Remembering the old happy memories and sharing these with their inmates gives nostalgia about feeling of accomplishment. It acts as a catharsis for the elderly. Ada (2001) Kulkarni et al. (2009) stated that with increasing age physical health declines and individuals become susceptible to diseases. For health problems the most commonly used coping strategy is self-control.

Psychological problems in aged people are mainly caused by illness, family conflicts and loss of economic status. The strategies used by aged people for coping with psychological problems are mind control, participation in social activities and renunciation of offensive behaviour (Garnefski et al., 2000; Manfredi & Pickell, 1997) also revealed that loss and conflict are the two major stressors experienced by elderly people and prayer is the most frequently used coping strategy.

Lalita et al. (2004) studied about adaptation to bereavement in older men and women and examined psychological and social adjustment and coping styles in elderly widows (n=120) and widowers (n=120) in the age groups of 60 to 70 years. The result showed that widows reported more number of problems of adjustment than widowers ($p<.01$). With advancing age, the reported problems have also increased. widows and widowers in low middle and middle income differed significantly in psychosocial problems ($p<.01$).

Self-efficiency is a powerful resilience resource for coping with the psychological and physical health problems. The efficacious behaviours such as interacting with friends, engaging in relaxing behaviours and maintaining health promoting activities are helpful for coping with the problems of old (Deborah & Vandsburge, 2008). Elderly people with high self-efficiency have higher life satisfaction and good adjustment in later years of life than those with low self efficiency (Schievier & Carver, 2000).

Pre-retirement counseling is a need felt by most of the contemporary older adults. Some preventive counseling tips of healthy life style, financial planning and altering family relations can avert old age problems (Tyagi, 1999). Old age needs to be viewed proactively to prepare for active and healthy life, for economic and social readiness especially with family rapidly losing its extent and scope of functions. Specialized interventions need to be planned and executing to make the elderly live last phase of their lives positively (Narseen, 2003).

In study done by Ansari and Dhakar (2014) it was found that widows and widowers living with family and in old age homes used both active as well as avoidance style of coping to overcome their stress. Fig clearly shows that with reference to active coping strategies widows living with family were found to mostly utilize confronting (93.33%), adapting (81.67%), and positive thinking (86.67%) techniques. While, at certain times they also utilized negotiating, confiding accommodating techniques and external support. Further with reference to avoidance coping strategies this category of subjects frequently used reaction formation technique while other avoidance coping strategies were moderately and rarely utilized by widows living with family. The findings of coping strategies used by widows living in old age homes depicts that frequently utilized active coping strategies were confiding, adapting and positive thinking while confronting, negotiating, accommodating and external support were moderately being utilized to cope up with stress. Further this category of subjects utilized avoidance coping to a lesser degree except for reaction formation which was moderately being utilized.

The study of Ansari and Dhakar (2014) also depicts that widowers living with family were observed to often utilize active coping strategies such as confronting (94.44%), while techniques like negotiating, confiding, adapting, positive thinking, accommodating were moderately used. Further this category of subjects also moderately utilized avoidance coping strategies except for reaction formation which was often used. Further their study revealed that widowers living in old age homes used both active and avoidance technique moderately. Positive thinking was observed to be mostly (79.44%) used by the widowers living in old age homes while other active and avoidance coping technique under study were observed to be used only some times. The overall data depicts that the active coping was used more by widows and widowers living with family as compared to widows and widowers living in old age homes. Similarly, it is evident that the widowers from familial and institutional settings used avoidance coping more as compared to widows from both the settings.

Conclusion

Ageing of the population has a number of economic implications. The ageing of the population has serious problems regarding adequate income for later life. These include income support for the extended retirement period, consumption, production, changes in housing, needs of transport etc., and expenditure on health, which causes for inevitable stress for this age people. To combat with stress of this season majority of aged use avoidance coping strategies while few aged utilize their confronting skill to cope up stress caused by life events.

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Mental health and aging in India

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ABSTRACT

Aging is a universal phenomenon associated with deteriorating socio-psycho-physiological changes. Depression, is a common mental health concern in the older population. By the year 2020 depression will be the single leading cause of Disability Adjusted Life Years in the developing countries like India. Several studies on different countries shows that a high proportion of elder people suffer from depression, loneliness and anxiety. These problems may arise in connection with major life changes such as the death of a spouse or a sudden decline in health. Depression often occurs together with other disorders such as dementia, heart disease, stroke, diabetes, cancer etc. further degrading the quality of life among afflicted older persons. Researches shows a positive relationship between involvement in social activities and mental health. Older adults who are engaged in social networks, for instance, have fewer depressive symptoms. Engagement in social activities, may also be an important predictor of mental health in older adults. Today approximately 20% of elder adults have suffered from mental illness, yet only half of them, who acknowledge such problems receive treatment and only a fraction of those receive specialized mental health services. This paper explores the gerontological mental health problems among the Indian as there is a clear need for a thorough discussion of the issues concerning their mental health and depression levels to increase the life expectancy of India.

Key Words : Mental health, Aging, Disability, Depression

INTRODUCTION

Mental health is the combination of our emotional, psychological, and social well-being.

The way one thinks, feels and acts is affected by the mental well being of an individual. Mental health plays a key role in our day to day life as it is reflected in our actions. To keep one's mind in a good condition it is important for oneself and as well as for the society. People with mental health problems must be treated as quickly as possible. Positive mental health allows people to work with their utmost potential, deal with stress effectively, and work productively which is a plus point for the overall development of the society.

According to WHO (World Health Organization), mental health is "a state of well-being in which the individual realizes his or her own abilities, one can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution towards his or her community". WHO stresses that mental health "is not just the absence of mental disorder".

According to the "Mental Health Action Plan 2013–2020" (WHO, 2013), mental health is an

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integral part of health and well-being and includes not only individual characteristics but also social, cultural, economic, political, and environmental factors. The report recognizes that depending on the context certain groups, such as older people, are at higher risk of having mental health problems and consequently having higher rates of disability and mortality.

The National Policy on Older Persons was announced by the Government of India in the year 1999. It was a step in the direction of pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons and in keeping with the assurances to older persons contained in the Constitution. The well-being of senior citizens is mandated in the Constitution of India under Article 41. "The state shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in cases of old age". The Right to Equality is guaranteed by the Constitution as a fundamental right. Social security is the concurrent responsibility of the central and state governments.

The policy and plans were put in place by the central and state governments for the welfare of older people. While some states and union territories implemented their policies with vigour, most states- particularly the big ones- were behind perhaps due to financial and operational deficiencies. Pensions, travel concessions, income tax relief, medical benefit, extra interest on savings, security of the elderly through an integrated scheme of the Ministry of Social Justice and Empowerment as well as financial support was provided for Homes, Day Care Centres, Medical Vans, Help Lines etc. are extended currently.

Traditionally, elderly in India have come to accept failing health and dependency as a part of their old age. Disengagement from material life, practice of spirituality are the major essence of their lives. With increasing life span, greater social and household involvement of elderly is happening but it is a challenge for Indian geriatricians to change their mindset so that they begin adopting healthy lifestyles and environment to eliminate the risk factors and remain fit and independent. The main issues concerning aging and mental health are prevention, early diagnosis, recognition of major diseases, treatment and quality of life interventions, at both individual and community level.

Good mental health is as important in later life as at any other stage of life. Everyone has mental health needs whether or not they have a diagnosis of mental illness. Our mental health has a powerful influence on how we feel and act. In fact it is central to overall health and well being and has a profound impact on quality of life. Mental health is routinely identified by older people themselves as pivotal to 'aging well' (Bowling, 2005).

Older people consider mental health to be characterised by: a sense of well being, the ability to make and sustain relationships, and the ability to meet the challenges and circumstances which later life brings. Having a role; good social relationships with family, friends and neighbours; an adequate income, being physically fit and living in a supportive neighbourhood, are promoting of mental health. Deteriorating health, loss of independence, loneliness, fear of death, living in poor housing and neighbourhood and decreased income are undermining factors of mental health. The negative impact of losses and physical illness are key risk factors (Godfrey and Denby, 2004). How well an older person adjusts to late life challenges is a key factor in determining ongoing mental health (Victor, 2005). 'Having an optimistic outlook and psychological well being, having good health and functioning; having good social relationships, preventing loneliness; maintaining social roles; living in a neighbourhood with good community facilities and that feels safe; having an adequate income; and maintaining a sense of independence and control over one's life' (Bowling, 2005).

Aging is the process of becoming older. In humans, aging represents the accumulation of changes in a human being overtime (Bowen *et al.*, 2004) encompassing physical, psychological,

and social changes. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand.

Available knowledge about the aging process and mental health is still insufficient and the challenges of aging populations claim more research efforts into clinical conditions, older people's needs, and pathways of care. With the increase in average life expectancy, chronic conditions inherent to aging, such as dementias (in particular Alzheimer's Disease), are inevitably growing along with related behavioral and psychological disorders, which highlights the need for specific interventions in elderly mental health problems. Beside dementia and mild cognitive impairment, other issues like frailty, delirium and the risk for mental health problems or the unmet needs of older people, require substantially more attention from professionals and policy agents.

The burden of mental health problems is frequently considered as an inevitable part of the process of aging, worsening the already negative stereotype about being old. Mental health issues, particularly those affecting old age are frequently underestimated, adding to the suffering of a large number of people who could be treated and benefit from diverse social and health care interventions to enhance their well-being. The comprehension of mechanisms underlying diseases, on a time diagnosis, and customized interventions will be much more cost-effective than just allowing the disease to progress, leading to the institutionalization of individuals, which has proved to be an adverse and expensive outcome, both for individuals and the community.

In order to explore the determinants of mental ill health in later life it is useful to draw upon a framework that conceptualises risks to mental health as being located in three broad spheres: Background factors; Stressors; and Protective/Vulnerability factors

Factors affecting mental health among the elderly:

- Personal status
- Health status
- Financial status
- Routine activities
- Personal achievement
- Social relationship
- Loneliness

Mental health promotion according to Lavikainen *et al.* (2000) is seen to be an unclear concept especially in the psychiatric content and also with professionals in that domain. Even at that, mental health still is known to have a strong importance of psychological processes and awareness because it has a major role to play in the interactions and experiences both in an individual or a community level. This can be attained by elements that help to improve good mental health by increasing those factors promoting mental health and reducing the ones that decreases mental health in both individuals and communities.

The stigma of aging, as well as the health and social conditions the elderly commonly face (such as dementia, depression, incontinence, or widowhood), is another social barrier to access of health, manifest in the Indian case in unique ways (World Health Organization [WHO], 2002).

The elderly population (aged >60 years) is expected to increase globally to over 2 billion in 2050. By 2050, the elderly will make up 17% of the population in India and 32% in China—exceeding the percentage of children below 14 years. These growing numbers create an increasing urgency for health policy that more clearly addresses the issues of health care accessibility to this population as the elderly carry more weight in global societies. Our experiences in and with the Indian health care system illustrate the state of health care access for the elderly in a large developing

country (Nilima,2017).

Current status and gaps :

In India, 28.3% of older people in rural and 36.8% in urban areas suffer from one or more diseases: non-communicable disorders, under-nutrition, locomotive impairment, and re-emerging infections. Two third of the Indian elderly population live in villages, half are of poor socioeconomic status and of these 70% are women, all of which further jeopardises their health status and access to care. The focus of public health in developing countries has been maternal and childcare and infectious diseases thus far, but as the proportion of the elderly in the global population starts to increase, priorities need to shift.

There is a compelling need for future studies to address the aforementioned issues in order to better understand how older people make economic and social decisions. This is especially important given the impending demographic shift to an older society. The prejudice and stereotypes may limit meaningful participation in society, e.g., jobs, and affect the mental health state of old people, who may even internalize and play into the stereotypes in self-fulfilling prophecies (Taylor and Walker, 1994, 1998; Levy, 2001; Coudin and Alexopoulos, 2010). A better understanding of the actual changes in old age can help foster a more inclusive society that taps on the expertise and skills of those older. This in turn may help alleviate feelings of social isolation, loneliness and depression (Perlman and Peplau, 1981). Understanding these issues is pertinent to implementing early interventions aimed at preventing a wide range of mental health problems, and has broad implications for social policies aimed at the elderly.

Mental health promotion interventions can be used in alleviating loneliness among the elderly:

There are very few up to date researches that has been raised to evaluate the effects of mental health promotion interventions among the elderly either direct or indirect. There are some available studies that have been grouped either under public health or some other interventions which are mainly used for those risk factors in mental health, political and larger environmental political interventions that are known to be used as an improvement tool in mental health among the elderly. Even though there are some studies that have been grouped to improve the mental health among the elderly, there are considerable effective interventions which are known to fight those risk factors in mental health among the elderly and they are grouped based social supports, home based supports, exercise and music, career supports, reminiscence and interventions that improve self-esteems, morals, activities fighting loneliness (Cattan *et al.*, 2005).

Activities that can be helpful in uplifting the mental health status of elderly:

To improve the existing situation of the older adults with reference to mental health certain activities can be very helpful. Activities that help in developing a sense of worth and a source of income as well as certain recreational activities like group based social support, exercise, music have a positive effect (Cattan *et al.*, 2005). Development of policies and programme can also be very helpful.

Studies conducted by European Union 2005 suggest that certain changes when made can be very effective in improving the mental health status. The changes suggested below were found to be effective among the European countries these changes can be act as a role model and can be implemented in India.

Group-based social support intervention:

This support intervention helps to tackle mental health problems among the elderly like widow ship, living alone, social isolation and improves self-esteem, morals and social activities. This is in the sense that, most of the interventions have been included in some kind of structured activities and professionally leading education programs which help in self supports, direct groups discussion and direct social activation. So far these planned activities have been proven to improve effectiveness. According to Hedelin and Svensson (1999) preconditions for successful social network and social support development have been identified as "the existence of people who were interested in socializing and in participating in activities; that the activities were frequent and regular and provide the practical means to participate; that there was a leader, either a professional or an older lay person with the relevant skills and interest who acted as a coordinator and a fixed resource for the group" The work of Lampinen *et al.* (2006), shows that 20 per cent of women and 30 per cent of men experience loneliness which is because of poor mental well-being with its predictors which are physical and leisure activities and he proposed that since mental well-being in later life is linked with activity, better health and mobility status which will be a target for preventive measures in future.

Exercise and music:

Evidences shows that using exercise and music helps improve the mental health among the elderly and also promote self-esteem, good health, happiness and wellbeing and reduces depression (Cattan *et al.,* 2005 and Young and Dinan, 2005). Music has been discovered to help people to understand their self in relations to others. Music is used to express emotions, communicate feelings and ultimately to increase and maintain the sense of well-being says Hays and Minichiello (2005). Even though these researchers argued if music could provide a cultural and normative bridge between individuals and it is also used as a means of contacts and also to link socially with others.

Reminiscence :

Research of Coleman and O'Hanlon (2004), who have reviewed on elderly historical background, types, functions and evaluations of reminiscence which is that part that is being conducted on an individual or in groups where it helps the elderly to recall on their past and also their life experiences in order for the elderly to find meaning in their lives, to teach and inform and also helps to reduce boredom. Also the researchers confirmed that this has been used in therapeutic measures, to deal with depression and traumatic memories, for elderly who lived in sheltered houses it helps to improve their well-being.

Career support :

It has been proven that there are lots of researches which had developed ways of improving mental health for the career of frail elderly people, those with Alzheimers' disease and also dementia. These researches brought out interventions like respite care, psychosocial interventions, group education and support were the main interventions which were being evaluated. Even though these interventions are not sufficient in improving stress, distress, anxiety, coping skill or depression in a long-term period (Cattan *et al.,* 2005). But according to the researcher, they had indication that an intervention likes the psycho-social intervention which has the use of problem solving and behavioral component will be more effective to those who care the people with dementia (Pusey and Richard, 2001). Even though the above interventions indicate promising and providing support for careers, a researcher like Marriot *et al*. (2000) advocate that "the implementation of the cognitive-behavioral

intervention is lengthy and therefore has resource implications and requires specialist training. Also those critical observations need to be taken seriously when planning mental health promotion support for careers of frail elderly people" (Cattan *et al.,* 2005).

Volunteering :

Volunteering has huge effects on mental health promotion solely because of its social activities aspects as it develops a sense of worth. This was supported by several researchers as quoted "that the reciprocity of volunteering adds to an individual's sense of well-being, by giving a sense of social support (Van, 2000).

Policy context

An aging population, with its associated mental health consequences, calls for effective action. Old age brings many stressors that may increase mental ill health, such as decreasing functional capacity and social isolation (Cattan *et al.,* 2005), Late life-depression and age-related neuro-psychiatric conditions, such as dementia, will increase the burden of mental disorders. Supports, interventions have shown to improve mental well-being in older population (Cattan *et al.,* 2005).

Certain steps can be taken and changes can be made by the policy makers of the country towards developing good health status of the senior citizens for to make easy access to therapies. Certain programme with special reference to elderly can also be initiated. Stop discrimination by age and acknowledge the heterogeneity of older people

– Improve access of older people to effective psychological therapies
– Promote an increase in the social participation of older people
– Ensure that the vulnerable risk group are reached by special programs
– Promote personal autonomy and possibilities for independent living to the fullest possible extent
– Provide adequate means to endorse social participation in all relevant settings
– Apply available evidence-based methods aimed at preventing and reducing physical morbidity, impairment and at increasing mobility
– Ensure help and support programs for those in crisis situation like bereavement,
– Include adequate amounts of gerontological education in the training of professionals working with older people
– Make interventions targeting major risk factors, such as social isolation, loneliness and physical ill-health, available for all citizens

Conclusion ;

Aging and mental health covers the biological, psychological and social aspects of aging as they relate to mental health. In particular it encourages an integrated approach between the various bio-psychosocial processes and etiological factors associated with psychological changes in the elderly. Mental health is both a part of, and intrinsically bound up with, overall well being; identified by older people as a pivotal dimension of quality of life. Mental health outcomes are a product of both life course issues and current access to resources. Poor mental health is not inevitable in old age; much can be done to reduce the incidence and impact of mental ill health and promote mental well being. Role of individual and family, community and efforts at National/Societal level is crucial in promoting mental health. Social support for elderly people needs to be strengthened. More community and day centres for the aged should be developed. Programmes targeting towards

indigenous people, migrants and people affected by disasters need to be established. Programme could be implemented through school like programmes supporting ecological changes in schools or at work place like stress prevention programmes. Various organizations across the globe are now largely focusing on mental health. World Health Organization Mental Health Gap Action Programme aims at scaling up services for mental, neurological and substance use disorders. Effective promotion of older people's mental health requires action across a range of different areas at a number of levels.

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